Chicago Medical Review

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General and Comparative Pathology.

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THE ILLINOIS STATE MEDICAL SOCIETY.—Certain doctors in southern Illinois considered it unjust that the meetings of the State Society had been held in central and northern localities, and assigned as a reason of habitual non-attendance on their part, the long distances, the rough roads, the impassable forests and the deep rivers which intervened. The village of Belleville was therefore selected as the next place of meeting. This is located in Illinois, about 18 miles south-east from St. Louis, Missouri. The attractions of this place do not qualify it for the reception of the State Society. The meeting was held May 18, 19 and 20. Delegates were compelled to endure the public houses which the place afforded, where many enjoyed the company of such room-mates, both in number and quality, as chance placed in their way. This was anything but agreeable to gentlemen not inclined to be sociable. In a circular issued by the committee, before the meeting, it was said that rates on all roads in Illinois would be one and one-third, and one and one-fifth of the regular fares to those having certificates of attendance, and that complete arrangements had been perfected with the roads. A representative of the Review went from Chicago to Belleville via the Illinois Central and Vandalia roads, but upon returning over the same route, his certificates of attendance were not honored. Other delegates, having certificates over various other roads found them worthless, and were compelled to pay full fare both ways. The General Ticket Agent of the Illinois Central declares that no arrangement was entered into between that road and the committee. Dr. Washington West, of Belleville, who, as chairman of the local committee, is entitled to the gratitude of the Society for his efforts to render the meeting successful, writes that arrangements were made with these roads, and that the failure on their part to fulfil the contract will be investigated.

This meeting, in point of interest, was far below the general low standard of such meetings. The committees, as usual, were said to have perfected every arrangement to make this meeting one of extraordinary interest, but it failed to rise even to the stupid level which characterizes meetings of state societies. Had the profession in southern Illinois, for whose accommodation Belleville was selected, appeared, which, with rare exception, they did not, perhaps the usual level would have been realized. The papers presented by the special committees and by volunteers contained much to censure and little to praise. Up to the end of the second day, the best one was the contribution of Dr. L. H. Corr, of Carlinville. It was on the relations of neurasthenia to the diseases of women and was lucid, concise and convincing. The writer has the rare faculty of saying what she thinks in the fewest and plainest possible words, and then of stopping. On the last day a paper was presented by Drs. Christian Fenger and E. W. Lee, of Chicago, on tuberculosis of the joints. Its value will be estimated by our readers, since an abstract will be published in the next number. The chairman of the committee on obstetrics, Dr. G. W. Nesbitt, of Sycamore, Ill., presented a very appropriate report showing that the great mortality among parturient women, and children at birth, and that the diseases of women for the most part, are due to bad midwifery. The essayist arraigned the medical colleges for their culpable failure to furnish instruction in practical midwifery. Many of the special committees, appointed on special subjects, did not report. This may not or may be a subject of congratulation.

Dr. Rauch, on behalf of the Illinois State Board of Health made some exceptionally spirited remarks to

show what the Board had done, what it is doing and what it will do. It is not without genuine regret that our duty compels us to declare that these remarks were lacking in that impressive dignity which ought to characterize the doings of important bodies, such as the State Board of Health and the State Medical Society. The cause in view of which the Board was created, was injured rather than aided. The speaker's established reputation as a sanitarian furnishes no excuse for this effort. On the first evening a so-called address of welcome was given, very long and very tiresome, so disconnected and vague that it is impossible to say what, in fact, the subject was. Strange as it may seem, it contained scarcely a word of welcome. To the audience it was anything but welcome. The address of welcome, usual on such occasions is at best a sort of formal distress. In proportion as this was longer and more sophomoric, it was more distressing than usual. This speaker was followed by Dr. Hodgen, of St. Louis, on the formation of character from the physiological standpoint. His paper was acceptable, though possibly not quite up to his usual standard of excellence. On the second evening Dr. J. S. Jewell gave an admirable address upon popular hygiene.

Popular Addresses and Junketing in Medical Societies.—The meeting at Belleville furnishes an admirable and a sad occasion for criticism, but if certain lessons, to be drawn from such criticism as the occasion calls for, be heeded, it may yet, notwithstanding its glaring defects, take its place as the most useful meeting which the State Society has ever held. At this meeting three popular addresses, already noticed, were made. Two would have better, and better than two, one. It is not our purpose to find fault with popular lectures on subjects pertaining to medicine, but we find fault when these subjects are given undue prominence in the meetings of scientific bodies. Let any man who will, give popular lectures to a popular audience, but do not let these lectures consume the time of a body of men who have presumably assembled to consider subjects more technically scientific. During the two entire evenings of this meeting, which were given to these popular addresses, delegates were wasting valuable time, in listening to the detail of subjects with which they were presumably already familiar. Even more inexcusable were the doings of the last evening, for this was given (see the committee's circular) to junketing. It is not to the special discredit of the local committee that they desired to conform to the custom of the Society, and therefore prepared a grand entertainment. It is true that on this occasion scarcely a corporal's guard remained to participate. This may be said to the credit of the remainder. Hereafter, let us indulge the hope that no local committee will ever feel called upon to prepare social entertainments for the State Society. Let individuals do what they please, but do not let the Society, as such, be committed to the junketing programme.

The Migrations of the State Society.—At this time the Review would place itself on record as opposed to the migrating policy which takes the Society to Belleville one year, and to Chicago the next. We would indeed be glad if we could record such a protest to this method of procedure as should sink down deep into the minds of men and take hold with an abiding grip. Let some permanent place of meeting be selected. It should be central, supplied with hotels, accessible from all parts of the state. Springfield would answer these requirements, but Chicago, from its greater railroad facilities would probably be preferable. A permanent place of meeting would possess the following advantages: I, Definite and permanent reduction of rates could be made with the roads; II, A great railroad center would be readily accessible from a larger number of places, and the confusion sometimes incident upon reaching points not centrally located would be avoided; III, Hotel accommodations would be assured; IV, The local committee would not, year after year, turn the society into a junketing party, and more time would be left for business; V, After the first meeting the society would be duly welcomed, and addresses of welcome would be avoided.

Strangulated and Incarcerated Hernia.—Dr. Frank Hamilton, before the New York Academy of Medicine, in some remarks upon posture and traction in the management of these cases, gave the following résumé of the subject, which was subsequently published in the Medical Herald: "I. Hernial apertures are not under the control of the muscles. II. Posture does not relax the aperture when the seat of the hernia is in the sack itself, nor when it is at the internal ring in inguinal hernia. III. Neither warmth, nor cold, nor any other sort of local applications are capable of relaxing the apertures. IV. Neither do chloroform nor other anæsthetics affect herniae apertures, except, perhaps, in cases where the herniae is very recent. V. In short, herniae apertures can seldom be affected at all by any means brought to bear upon them, whether local or general; but this is not requisite for relief, since the strangulation is not the result of contraction of these apertures, but of the pressure of the distended hernia upon them."

In regard to the postural treatment, he says: "I. Taxis is of prime importance. II. Internal traction is only second to this in value. It is to be effected by securing paralysis of the abdominal muscles, and exciting peristalsis in the intestines. III. Chloroform,

hot baths and other similar agents are the best means for accomplishing muscular relaxation, peristalsis and anti-peristalsis. IV. Ice can only relieve the 'button-holing' when this is due to congestion, and when it is applied very early. Opium is somewhat limited in application. V. Emetics may be of service in causing upheaval of the viscera, also, probably, by exciting peristaslis. VI. Purgatives act by causing peristialss above and anti-peristalsis below the seat of stricture. VII. Stimulating enemata and enemata of tobacco also induce peristalsis, and are both direct and indirect in their effects. VIII. All positions of the patient are beneficial in which the viscera are drawn upward; and that is likely to be of the most service which causes the most efficient inward traction, at the same time it does not interfere with the trial of taxis."

Alcohol in Fever.—Dr. H. Macnaughton Jones gives in the British Medical Journal, of May 3, a brief recapitulation of the results of the use of alcohol in the treatment of fever, in his own practice, in the Fever Hospital, at Cork, Ireland, during the few years immediately preceding 1879. In 1875 he published his experience up to that date, and the present paper includes the cases subsequently treated, and also includes those of earlier date as far back as Jan. 1873. The records show only those who received stimulants since January, 1877, as the hospital wine book for previous dates was unfortunately lost. But the percentage was about the same as for the subsequent period, some 30 per cent. Previous to 1873 the cases are not taken, as it was at this date that he began to watch the effects of alcohol, and to be much more careful in its use. Unless we reproduced the tables bodily the best way to give an idea of his results is to simply state his conclusions. He considers alcohol a most valuable therapeutic agent in both typhus and typhoid fevers, but in a large percentage of cases it is not only not required, but its employment is apt to lead to complications. The indication for its use is to be found rather in the type than in the stage of the fever. In ordinary cases, the time to watch for the need of its administration is from the eighth to the twelfth day; early administration of alcohol as a rule is injudicious, even in old drinkers. In fact such are as likely to recover without stimulants as with them. In Dr. Jones' experience alcohol has little effect in modifying the temperature of fever. He generally takes into consideration, in estimating as to the need of alcohol, the age of the patients, the condition of the heart, the pulse, the tongue, and the head symptoms. A feeble heart with irregular action, weakened first sound, a rapid and compressible pulse, tongue fairly moist, and absence of head symptoms, encourage him to use alcohol. He believes it to be a supporting food in typhoid states where assimilation is difficult, and other substances than alcohol as in brandy, and milk are rejected. Young patients as a rule do well without stimulants. The practices he deplores in the use of alcohol are its administration in the early stages of fever, and persistence in its use and increase in the quantity administered, when the symptoms show that it does no good, or is even acting injuriously. The small per centage of only 30 of all the cases treated by him in the Fever Hospital indicates plainly that in his opinion it is not usually required.

Antiseptic Surgery in the Field Hospital. Professor Bruns, of Tübingen, proposes for military use an easier and more practical way than the one in common vogue, by which antiseptic gauze may be prepared extemporaneously. His aim is to obviate the difficulty now experienced of preventing Lister's gauze from losing its strength. For evident reasons it would be impracticable for an army in the field to carry a sufficient supply of Lister's gauze in metallic boxes. Professor Bruns' mode of preparing the gauze is the following: To 400 parts of finely pulverized resin is added, while stirring, two litres of alcohol. The resin will be dissolved in from thirteen to twenty minutes. Then add 100 parts carbolic acid and 80 parts castor oil. (Instead of the castor oil, 100 parts of glycerine or melted stearine may be used. When the latter is used the solution must be heated to 19 degrees Centigrade). This quantity is snfficient for the impregnation of 28 to 38 square meters of gauze. The gauze is antisepticized in the following manner: It is put into a tub and the solution poured on it. It is then wrung out, and hung up until the alcohol has evaporated. This takes, in the open air, in summer, about five minutes, in winter, in a closed and moderately heated room, from ten to fifteen minutes. The gauze is now ready for use, and will keep in metallic boxes for months. For military use it may be practicable to carry the condensed solution with the army. All then necessary will be to add alcohol and asepticize the gauze. This method of preparing the gauze is practically useful for surgeons in the country. As the value of antiseptic military surgery has been fully proven in late wars, soldiers have the right to demand that such measures be taken by their respective Governments as shall insure the minimum loss of life and limb. Even in the best governed countries the authorities are often culpably slow in adopting preventive and ameliorative measures. Well-grounded public opinion tends to obviate the evil. It is therefore the business of the medical profession to see to it that such opinion in relation to antiseptic surgery is at once developed.

Extirpation of the Kidney in a Case of Uretero-Uterine Fistula.—Dr. Zweifel reports in the Centralblatt für Chirurgie, No. 47, 1879, page 794, a case in which every method of operation for closing this fistula except extirpation had been employed in vain, viz., closing up of the os uteri for the purpose of attempting to force the water through the possibly open inferior end of the ureter. An attempt was also made to make an artificial canal leading from the upper opening of the ureter into the bladder, to make a high vesico-uterine fistula and then close the os uteri below the uretero-uterine fistula. All these attempts having resulted unsuccessfully, he finally resorted to extirpation of the atrophic left kidney, from behind, using the extraperitoneal method. He did not cut through the quadratus lumborum muscle, but had it drawn away inwards by a tenaculum. It was difficult to enucleate the kidney from its surroundings because the wound was so deep that the length of the fingers was not sufficient to reach around the organ. The operator used with good success Nélaton's spring forceps. He left a portion of the pelvis of the kidney to obviate the slipping off of the ligatures. The ends of the ligatures, together with the drainage tube, were brought out through the extremity of the wound. As this last procedure prolonged the convalescence considerably, Dr. Zweifel has resolved in future, in similar cases, to cut off the silk ligatures and slip them in, and to have the drainage tube inserted for only a short time.

Protection of the Insane.—At the public meeting in behalf of the Insane, held at Cooper Institute, Dec. 18, 1879, the following resolution was unanimously adopted: "That this meeting also earnestly recommends the organization of a National Association for the Protection of the Insane, and that the Committee here appointed take steps for the formation of such Association." The members of the Permanent Committee, appointed by Mr. George William Curtis, (Chairman of that meeting,) report that General Brinkerhoff, of Ohio, (President of the Conference of Charities and Correction,) has invited those who are interested in the formation of a "National Association for the Protection of the Insane," to meet with the Conference at their next Annual Convention at Cleveland, June 29th, 30th, July 1st, 2d, 1880, stating that a place will be reserved in the programme for any papers that may be presented. It is requested, that all who are interested will attend this meeting and take part in the proceedings for the organization of a Section or Branch of the Conferenees of Charities, that shall be specially devoted to the discussion of the practical problems relating to Insanity. At this meeting, it is expected that one of the members of the Committee will briefly explain the objects of the proposed Association, and that several of those who have accepted the invitation to cooperate in the work, will prepare papers on topics to which they have devoted special attention. Dr. John C. Shaw, Medical Superintendent of the Flatbush Asylum, will read a paper, giving the results of his own experience with non-restraint in the treatment of the insane. It is the belief of a number of those long and actively interested in the practical solution of the problems of insanity, that an organization of this character, established and conducted on enlightened principles, through the opportunity it would afford for intelligent discussions by experts in the several departments to which the subject is related, and for a comparison of the views and experiences of different institutions, under different laws, in different States and Sections, and by the publicity given to such discussions, could be made of great value to the cause of both philanthropy and science, and in various ways might aid and tend to harmonize the efforts of officers and managers of asylums and of humanitarians in all parts of the country. The committee would be glad to hear from such as may approve of the above proposition as soon as possible and in detail. Any who may reply are requested to state whether they would become members of such an organization. Address the Secretary, A. A. Chevallier, 10 Marble Street, Boston. This committee on organzation of a National Association for the Protection of the Insane consists of Col. Wm. C. Church, Chairman, Hon. Dorman B. Eaton, Mr. Chas. E. Whitehead, Dr. George M. Beard, Treasurer, and Dr. E. C. Seguin. The committee is associated with Mrs. A. H. Gibbons, Mrs. Fenno Tudor, and Miss A. A. Chevallier.

Curability of Color-Blindness by Hypnotism —Since our communication in the April number of the Gazette on hypnotism, experimentation in this direction has been continued in Breslau. Among the results obtained by the investigators we may mention the artificial production of hysterical manifestations, such as one-sided loss of sensibility, amaurosis and color-blindness. Reserving, however, the full description of these results for a future article, we wish to mention now an observation, which, if confirmed, would be of capital importance. In the Deutsche med. Wochenschrift, (No. 16), Dr. H. Cohn declares that he can remove congenital color-blindness. In the course of his experiments he found, that one eye can be hypnotized alone without affecting any other part of the body, by covering the other eye with the warm hand or a warm cloth. On doing this in the case of three color-blind persons (in two cases there was total color-blindness), the open eye was able at once to recognize correctly all colors. This result disappeared

again on removing the warm hand from the other eye. If these results are satisfactorily established in the fuller communication which Dr. Cohn promises, they will undoubtedly overthrow our present views on color-blindness.

The JOURNAL OF NERVOUS AND MENTAL DISEASE for April, appeared a little late this quarter, but is a very valuable number of this standard periodical of neurological literature. We feel justified in asserting it to be the best of its kind in the world, and this copy, one of the best issued. Dr. E. C. Seguin, of New York, contributes an article on the coincidence of optic neuritis and subacute transverse myelitis, in which he reviews the observations of such neurologists as Budge, Waller and Brown-Séquard, on the spinal innervation of the eye ball, and ocular symptoms of spinal disease, as in progressive locomotor ataxia, Pott's disease, etc., which have been known to cause variable states of the pupil, due to irritation or destruction of the cilio-spinal centre, a region of anterior gray matter, between the fifth and sixth cervical nerves, and the third or fourth dorsal. Dr. Seguin repeats the case of Dr. W. Erb, Professor in the University of Leipzig, in which the spinal lesion was associated with variable defects in both eyes, resulting in recovery under appropriate treatment. Drs. Noyes and McBride afford the next case, wherein the posterior gray matter of the cord was injured, resulting in hemiplegia and hemiopia, with other optic troubles. Iodide of potassium was the main remedy used in this case, and the patient advanced steadily to recovery. The third case was Dr. Seguin's; subacute myelitis, in the lower dorsal region, with optic neuritis limited to one eye. This case also recovered. The three cases are cited by Dr. Seguin to show that while, apparently, these cases of transverse myelitis were causally connected with the optic derangements, it was in fact, in each case, but an accidental occurrence, as the eye difficulties were clearly due to lesions in other parts of the nervous system, happening to exist at the same time with the spinal trouble. Dr. J. S. Jewell follows with a lecture (delivered in the Chicago Medical College), entitled, The Nature and Management of Sleeplessness, an extended notice of which will appear later. J. C. Shaw, President of the New York Neurological Society follows with a short paper on sub-acute myelitis of the anterior horns, with limited sclerosis of the lateral and posterior columns, Dr. Shaw claiming for this case support of the demonstration of Charcot and Pierret, that the lesion in the rubans externes is the lesion in locomotor ataxia. Dr. Spitzka, of New York, continues his paper on the architecture and mechanism of the brain, which he began in the October, 1879, number of the Journal. To any one desirous of obtaining a clearer insight into the machinery of this organ, we commend Dr. Spitzka's writings. This gentleman has done an enormous amount of substantial and careful work in anatomico-neurological matters, which, as time passes, will be better appreciated. Dr. Spitzka probably has in contemplation the publication of his researches in book form in the future, and until his book is obtainable, we prize our back numbers of the Journal all the more, for containing among its other valuable records the articles of this able neurologist. Dr. Wm. A. Hammond records a case of progressive, facial atrophy, with remarks on the pathology of the disease. He concludes that this disease seems to be the result of lesion of nuclei of motor nerves, and probably of trophic cells. Dr. Ott and Mr. M. T. Prendergast, detail some experiments on the rapidity of perception of colored lights, from which they conclude that there is considerable variability between individuals in quickness of color perception. "The time occupied in the perception of the blue light was 2.7 (Prendergast) and 3.3, (Ott), in excess of that required to perceive the red color; whilst the time occupied to perceive the green was 2.4 (Prendergast) and 2.5 (Ott) in excess of that required to see the red." An attempt was made to establish the time necessary to distinguish one color from another, or the time of thought; one was found to require 1-24, the other 1-20 of a second, "yet these small intervals of time may be sufficient at certain periods to be of value to the enineer or switchman." This seems to us like carrying deductions to extremes. Dr, J. Baxter Emerson, of New York, details a case of peri-encephalitis in which there was pachy-meningitis, meningitis and cerebritis, terminating in cell atrophy. Dr. S. V. Clevenger, of Chicago, follows with a paper entitled, "The importance of the position of the fissure of Rolando as an index to the intelligence of animals," the outlines of which we gave in advance of its publication in the Journal, in the Gazette of March 5, page 99. The Journal concludes with its usual full periscope of neurological matters, reviews and bibliographical notices, making altogether 187 pages.

ADDITION TO THE EDITORIAL CORPS.—The Review congratulates itself and its readers upon the acquisition of Dr. Edward C. Spitzka, of New York, who takes his place with the present number in the department of general and comparative pathology. Dr. Spitzka is the author of the W. and S. Take prize essay (100 guineas) on the somatic etiology of insanity, presented to the British Medico-psychological Association, of the Wm. A. Hammond prize essay (250 dollars) on the physiological action of stychni-,

presented to the American Neurological Association, of a series of remarkable articles on the architecture and mechanism of the brain, now being published in the Journal of Nervous and Mental Disease, and of a great variety of other valuable publications. He is also foremost among those engaged in reform in reform in the management of Asylums for the Insane in the State of New York.

Surgical Operations During Pregnancy.—The idea prevails extensively among the laity, to a less degree in the profession also, that pregnant women should not have a tooth extracted or even filled for fear of provoking abortion. Our own observation leads to the conclusion that the fear is without foundation; for we have extracted teeth, and have often advised patients to keep their appointments with the dentist, incised felons and done various minor services, both with and without anæsthesia during pregnancy, with absolutely no ill effects. In this connection a recent case reported in the Lancet by Mr. Cadye is of interest. This gentleman, who is senior surgeon to the Norfolk and Norwich Hospital, operated thirteen times upon a recurring tumor of the breast of a pregnant woman. One severe operation was performed in the beginning of labor. These operations interfered in no degree with pregnancy, nor did this condition retard the recovery from the operations.

The Influence of Electrization of the Liver on the Excretion of Urea is the topic of a paper by Dr. Sigrist, of which we find an abstract in the Centralblatt f. Nervenheilkunde (No. 6, 1880). It has long been known that the daily quantity of urea is often diminished in cases of degeneration or atrophy of the liver. It has, hence, been supposed, though it has not been proved, that the liver is the main source of urea. Acting on this idea, Dr. Sigrist examined daily, the urine after electrical excitation of the region of the liver. The subject was put on a milk diet, until the daily excretion of urea did not vary more than one gram. This diet was continued during the entire experiment. Both constant and induced currents of invariable strength were used. One moist electrode was placed on the pit of the stomach and other was moved about over the liver. The blood corpuscles were also counted, according to the method of Malassez, ten minutes before and the same time after each sitting. In seven different persons the author found an increase in the amount of urea, varying from one and a half to two and a half times the normal quantity, without any attendant increase in the amount of urine. The number of red corpuscles was found augmented after each sitting, to what extent is not stated. To render certain this result, the author Faradized the spleen, abdominal muscles and spinal column, without causing any material increase in the quantity of urea. While not willing to accept such speculations as to the function of the liver, as may be based on these results, the influence of this procedure on tissue-change is worth remembering.

Furuncles in the Meatus of the Ear are frequently the source of great annoyance. Apart from their painfulness they may appear in rapid succession and continue a long time. It is not difficult to distinguish between them and diffuse inflammation of the meatus. In them there is no uniform narrrowing of the canal as in the other case, but instead, distinct points of swelling, which alone are sensitive to the probe. While individual furuncles disappear usually after a course of three to six days when situated in the external cartilaginous portion of the meatus, they persist for a longer time, when found in the deeper bony part, and are, besides, much more painful. Moreover, in the latter case they produce other symptoms, such as noise in the ear, dizziness, and a feeling of distension. Apart from immediate incision no relief can usually be given, except temporarily, by narcotics.

Dr. Weber-Liel, however, calls attention to an application which he has been using for ten years. (Deutsche med. Wochenschrift, No. 15, 1880.) It consists in filling the meatus with alcohol, containing a minute quantity of corrosive sublimate, to be repeated every half hour or so. The alcohol abstracts water from the tissues and dulls sensibility, and hence relieves the pain speedily. If used early enough it sometimes cuts short the process, but at any rate prevents the development of further furuncles. During the last two years Dr. Weber-Liel has used in addition, injections of carbolic acid, employing a five per cent. solution of the pure article and injecting with an ordinary hypodermic syringe two to four drops in the point of the swelling. If pus has not already been formed, its formation is prevented. Three hours later he begins with instillations of alcohol, and if this does not suffice he repeats the injection of the carbolic acid. A stronger solution or a larger quantity of the injection produces an intense burning, lasting one to two hours, but it is sure to abort the process. In the writer's experience (which has not included the treatment just described), the free internal use of salicylate of sodium has proven most serviceable in stopping the pain.

The State Medical Society of Missouri.—The St. Louis Clinical Record does not like the published "Transactions" of the Medical Association of the State of Missouri. In brief, the comments of the Record are: "We have carefully looked over the min-

utes of the first day's proceedings, but find no mention of the squabble over the election of officers, which was the prominent feature of the day. When the fact is noted that the profession of this State should allow its "representative men" to be captured by a band of St. Louis wire-workers, which has been done for the last decade, we cease to wonder that the physicians of Missouri should abandon their association to a ring of self-advertising specialists. The country doctors should rally and turn the usurpers out of the comfortable place they have provided for themselves."

CHLORATE OF POTASH.—Dr. Alexander Harkin, of Belfast, is the champion of chlorate of potash. Two former papers of his on the subject, and a third one in the last number of the Dublin Journal of Medical Science illustrate the range of usefulness of the drug. The first of these was published in the Dublin Quarterly Journal of Medical Science, for Nov., 1861, on "The use of Chlorate of Potash in the treatment of Consumption and Scrofula." The second was read before the British Medical Association at its meeting last year on the use of "Chlorate of Potash in the Hemorrhagic Diathesis," and in it he went so far as to say that the hereditary vice upon which hæmophilia depends could be eradicated by the persevering, internal use of this "vito-chemical" remedy. In the last paper he eulogizes the drug for its usefulness in the treatment of ulcers, burns, abscesses, etc., and relates cases from his own experience in which applied in a lotion as well as internally, it caused rapid healing of these lesions. His theory of its action and method of employing it, is stated as follows: "My theory is that being principally composed of two elements indispensable to the formation of healthy blood—viz, oxygen and potassium, its administration, especially where one or other of these substances is deficient, tends to improve and elevate the condition of the circulating fluid, upon which the health of every organ of the body depends. When a solution of chlorate of potassium is taken into the stomach, a portion as, is the rule with iodide and nitrate of potassium, is carried off by the kidneys; another portion passes by diffusion into the liquor sanguinis, the textures, the blood globules, and white corpuscles; a third may be supposed to part with three equivalents of oxygen in the blood, leaving behind chloride of potassium, which may be detected in the urine as well as in the blood, of which it is an important element. After its continued use the patient experiences an increase of appetite, of nervo-muscular force; all the bodily functions are performed with greater ease, the color improves, and the flesh-producing power is manifestly augmented, as evidenced by increased weight, the character of the blood itself being altered by an addition to its fibrin and plastic qualities. When required for internal use, I generally order it as a saturated solution, say one ounce of the salt to twenty of water, of which, for adults, one ounce three times daily either before or after food. Most useful by itself, yet its efficacy in arresting disease, in chlorotic or hemorrhagic diatheses, may be greatly enhanced by the addition of iron in one of its many forms, the most convenient being the tr. ferri perchloridi. With the permanganate of potassium it forms a most excellent gargle and mixture in sore throats with diphtheritic exudations, and for the healing of ulcers; it also forms a good base for many pectoral mixtures. As to the tolerance of the drug, I know not of any remedy so generally well borne. I have prescribed it for patients of all ages and conditions with wonderful success and advantage, and while I can safely state that thousands have been benefitted by its use, I can count upon my fingers the number that it has disagreed with. I have met with a few cases in which it produced unpleasant symptoms, and some with peculiar idiosyncracies, in whom it had to be dispensed with altogether. Like other salts of potassium, the acetate and the nitrate, it occasionally acts, though in a less degree, as a diuretic, but this condition is far removed from nephritis, a disease which Jacobi asserts to be frequently produced by its use. In all my experience I remember but one case that at all approached this condition; it was that of a young German lady, a subject of phthisis, living in Holywood, who while taking the chlorate, certainly suffered most painfully for a number of hours from strangury, but who recovered by the ordinary means of stupes, hot baths, etc. Dr. Cutter, a very able American physician, told me of a case that occurred to him while crossing in a transatlantic steamer, that recovered with difficulty after taking only ten grains of the salt. As a contrast to this, I may relate the case of a strong young man, who, having been supplied with a gargle containing an ounce of the salt, through mistake drank the whole at a draught, and did not experience the least inconvenience in consequence. Whilst, therefore, I do not give any credence to the exaggerated statements that have lately appeared in the medical journals, I do not think that the prescription of this remedy should pass, like cod liver oil, out of the control of the profession, and become a merely popular medicine, but that it should be given with caution, although without reserve, under medical supervision." As a lotion he prescribes often a weak solution, five grains to the ounce of water, and claims very decided effects from this application, though sometimes one of double strength, ten grains to the ounce is required. A solution of over five grains strength to the ounce, as was remarked in the discussion of Dr. Harkin's paper, in the Ulster Medical Society, will cause con-

siderable smarting. The general opinion in the society seemed to be in favor of Dr. Harkin's views.

PUBLIC ANALYSTS.—We take it for granted that everyone will admit that the public has a right to protect itself against ingenious frauds, particularly frauds in foods and drinks. Good public health implies good food and good drink, as well as good air and exercise. We are quite sure that adulteration of foods and drinks is by no means so common as many persons would have us believe. To illustrate this it will be sufficient to take the case of vinegar. If we were to believe some writers it would seem almost impossible to procure this article containing no other than acetic acid. To see if this were really the case, a large number of vinegars was examined in the laboratory of Purdue Univesity. See "Adulterated Vinegar" present number of the Review. These specimens were taken from different dealers and without stating the object for which they were to be used. They, therefore, represented the vinegars actually sold in our markets. In no case did they contain any acid except acetic. This is the more surprising when we consider the experiments show also that the vinegar had not been even adulterated with water or, at least, if so, with natural water. Ordinary well and spring waters, as well as waters from rivers and lakes, always give a marked reaction from hydrochloric acid. Yet we cannot deny the fact that food adulteration does exist, and that some method should be provided by which it can be detected and thus the guilty parties brought to punishment. The most feasible way to accomplish this appears to us to be the method now established in England, and in many places on the Continent. In England each county is furnished with a public analyst, whose duty it is to examine suspected articles of food and drink and report their quality. These analysts are required to have certificates from a competent scientific tribunal, and thus personal influence or political services are prevented from filling these offices with incompetent persons. The existence of these offices encourages young men in England to engage in scientific studies, with some reasonable expectation of thereby securing a living.

ABSCESS OF THE STOMACH is an affection but rarely recorded. It may hence be of interest to refer to a case published by Dr. S. Kirschmann, in the Wiener Medicin. Wochenschift, Nov. 4, 1880. The patient, a peasant, 25 years of age, had fallen on his abdomen. This accident caused severe pain, followed in a few hours by a rigor, then by fever, and vomiting. This together with the returned pain, continued. The patient, an intemperate man, had once suffered from delirum tremens. Upon entering the hospital on the next day the temperature was 39°C., with pain and a little tenderness in the abdomen. Soon this pain become localized in the "pit of the stomach," and continued very intense. Added to these conditions were incessant thirst and vomiting. In default of a positive diagnosis, the treatment was only symptomatic, and consisted of morphia alone to quiet the pain. On the fourth day he vomited a small amount of pus. In the "pit of the stomach" a hard tumor could be detected of about the size of a pigeon-egg, not very sensitive to the touch. The pains radiated up to the left shoulder; slight icterus was present; temperature 40°C. The following morning the patient shrieked suddenly and vomited at once about half a pound of pus. Two hours later the bowels were emptied involuntarily, the stool containing about two drachms of pus. During the vomiting the patient had been unconscious, but awoke at once, turned about and slept four and one-half hours. On awakening the temperature had fallen to 38.1°, the pulse was 85 a minute. No more vomiting occurred, but a small amount of pus was still found in the stool on the following day. Two days later the patient left the hospital in good order. Peritonitis had been suspected at first, but this diagnosis was not sustained by the course of the disease. The intense pain had raised a suspicion of biliary calcnli, but these were never found. The author attributes finally all symptoms to a circumscribed gastritis culminating in an abscess, which burst spontaneously.

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BLUE URINE.—In the Druggists' Circular it is stated that M. A. Robin recently presented to the Society de Biologie, several specimens of blue or green urine, passed by patients suffering from different affections. Several years ago he submitted to the so-

ciety a specimen of blue urine passed by a hysterical patient. This urine, when treated with bases, assumed a more intense blue color; when treated with acids, it became red. Since then he has met with nine cases of this anomaly; six of them were convalescents from typhoid fever; one was suffering from chronic myelitis, and two from hysteria. In 1823 Braconneau reported a case of blue urine, in which he claimed to have found a peculiar substance, which he called cyanurine. He did not, however, state what this cyanurine was. M. Robin distinguishes two kinds of blue urine. I. That which is blue spontaneously, and II, that which becomes blue as a result of ammoniacal fermentation. Of this second class he makes also two sub-divisions: I, that which becomes blue only on the surface, the change being due to inferior organisms of a blue color; and II, that which is charged with indican.

Cooling of the Human Body after Death.—Dr. J. Wilkie Burman, has been making some recent investigations on this subject, and publishes the results in the Edinburgh Medical Journal for May. After mentioning the medico-legal importance of accurate data on this point, and noticing the researches that had previously been made in this direction, he gives details of his own experimental observations on the bodies of patients dying in the West Riding Lunatic Asylum ,with a special form of thermometer devised for the purpose. This was in all cases placed in the left axilla immediately at the time of death, and in some cases a little before, and kept there during the whole period of observation. Observations were taken at regular periods, not exceeding one hour; the surroundings were in all cases the same, and the external temperature was also regularly noted. Unfortunately the temperature of the internal parts of the body was not taken, an oversight he promises to correct in future observations. The mean average rate of temperature in seven observations made under similar circumstances, and in the same manner at the time of death, and at frequent intervals afterwards, was 1 3-5 degrees Fahr. per hour. In two cases in which the temperature was unusually high at the time of death, there was a more rapid cooling than in the other five during the first hour, the average in these two being 4 2-5° Fahr. Such cases, however, he remarks, may be eliminated, from a medico-legal point of view, as they might reasonably be expected to have been under previous medical observation and treatment, and not likely, therefore, to be unexpectedly found dead. According to Goodhart, who had previously written on this subject, the temperature, except in cases of lingering disease with emaciation, is not materially lowered at the time of death, and if a rapid rise occurs it is not in those cases of sudden death, but in such as were already so seriously ill that no difficulty could possibly arise. When we are called to see a person found dead, we may assume, he says, that in all probability the temperature was about the normal average and may by thermometric observations deduce the period since death has occurred. Thus says Doctor Burman, "given a body found dead in bed in a room (with a temperature ranging from 50° to70°Fahr.) with ordinary bedding, we may fairly estimate the time of death, by taking the temperature of the axilla, the difference between which and the average normal temperature of 98 2-5° Fahr., (or 98.4) divided by 1 3-5° (or 1.6) would with tolerable accuracy, give us the number of hours that had probably elapsed since death * * * * For all ordinary purposes, however, I think we might arrive at a sufficiently accurate conclusion by eliminating fifths and decimals, and calculating on the basis of 98° Fahr. as the average normal temperature, and of 1½° Fahr. as the average rate of cooling per hour." He noticed also that the body cools more rapidly the first few hours after death; the average of his seven cases for the first three hours was 2° Fahr., hence a certain allowance should be made for this fact in the estimation of the time since death, if the temperature is not much decreased below the normal.

Arsenical Pigments.—Arsenic in some of its combinations, has long been used as a pigment. Some of the tints of green most highly prized owe their value to the arsenic base of the coloring matter. It is very often found in wall paper, and other toxic effects were supposed to be due to living in rooms whose walls were covered with arsenical pigments. Just how this arsenic acted, and how it transported itself from the paper to the system had never been a subject of rigid inquiry. It was supposed that the arsenic either got into the air of the room by being volatilized, or that it floated mechanically in fine dust through the room. Foster (Chem. News, Vol. 4, No. 1049,) has sought to determine whether the arsenic was volatilized in any form or not. He proposed to answer by experiments the following questions:

I. Does Scheele's green at the ordinary temperature give off white arsenic, when the pigment is subjected to a current of air?

II. Does Scheele's green, mixed with linseed oil and turpentine, as in ordinary paint, and spread over a large surface, give off arseniuretted hydrogen when a current of air is passed over it.

Most careful experiments showed that the answer to both these questions is emphatically negative. It follows from the above that any danger from arsenic

must arise in some other way than in the manner indicated. It is probable, indeed, that the danger from arsenical poisoning from pigments is greatly over-estimated, and that such cases are really quite exceptional. Threefore, ladies with green veils, who live in rooms with green curtains and green-cushioned chairs may rest in peace.

Arsenical Pigments.—It now appears from a letter written by Dr. Edward S. Wood, Prof. of Chemistry in Harvard Medical School, to the Sanitary Engineer, that arsenic is employed in coloring the papers used by children in kindergartens. Arsenic used in this way is certainly more dangerous than when used for wall-paper. The natural tendency of children to put everything in their mouths is certain to be allowed full swing with these colored papers, and the results are not difficult to foresee. Colored candies are but little better, and if society is to protect itself against adulteration, it ought to begin with the children and see that their candies, chewing-gum, and playthings are free from poisonous or deleterious matters. Of more importance to adults is the fact that playing-cards are often colored on the back with acid arsenite of copper. In the British Medical Journal Nov., 1879, is reported a case of poisoning resulting from the use of such cards. Dr. Wallace, analyst for the city of Glasgow, found in a pack of cards nearly one-fifth ounce of arsenic. This is surely alarming to lovers of whist and seven-up. Especially should it lead to a discontinuance of that offensive habit of thumb osculation which so many practice when dealing. Purchasers should require sellers to guarantee cards "arsenic free." No one wishes to play with a pack of cards in which Death is likely at any time to be the trump.

Adulteration of Food.—The National Board of Trade has offered one thousand dollars as a prize for three essays on the subject of food adulteration. A short time since, in these columns attention was called to the great importance of pure food. One of the conditions of the competitions for the above mentioned prize-money is that the essay be accompanied with a draft of a law designed to protect the community against such adulterations at the least possible cost and discomfort. This seems to us rather a hard condition to impose. Evidently such an essay could only be successfully written by a chemist and microscopist, who had had a great deal of practical work in the detection of adulterations. On the other hand an acceptable draft should be the work of a keen, practical, legal mind. It is not probable that these two qualifications will be found in the same individual. Perhaps some practical chemist and skilled lawyer may be induced to "pool their issues," and so secure the first prize. We are far from saying that a work of this kind would be useless, but are, neverless, of the opinion that a great deal of the complaint made in this country concerning food adulteration is without just cause. As we have previously said, fortunately food production in this country is too abundant and too cheap to make adulteration profitable. It does not pay yet to make fine flour out of kaolin and loaf-sugar out of white sand. But, doubtless, a day will come when it will pay, and it is well enough to make provision against it. But it is equally important that food which is not adulterated should be of good quality. Real butter is oftentimes a thousand times more vile than any oleomargarine, and syrups from sugar less palatable than those made from corn-starch. Now, let the Board of Trade institute any competition to obtain the best method of making unadulterated food fit to eat. At the present time the latter problem is far more important than the former.

Ethics in Massachusetts.—Boston professional gentlemen are very much divided in their opinions of the adequacy or propriety of the recent code adopted by the Massachusetts Medical Society. It seems that two codes were presented, a long and short, and eventually a synthesis was accomplished resulting in the one we have previously published. "If," said one gentleman, "members of the society have not the instincts of courtesy and honor, this code will never influence them." About the only use of such a declaration of principles as a "Code of Ethics" as far as our opinion may have any value, is to give definite shape to the innate gentlemanly instincts of the young practitioner. No code will change character for the better, and thousands who have never conned its precepts are instigated by the motives which called it into existence, while many other thousands will be made none the less knaves by committing it to memory or acting up to its letter.

Optic Nerve Fibres.—In a recent note to the Vienna Academy, Herr Salzer offers an estimate (based on numeration) of the probable number of optic nerve fibres, and of retired cones in the human eye. The number of the former he supposes to be about 438,000, that of the latter 3,360,000. This gives seven or eight cones for each nerve fibre, supposing all fibres of the optic nerve to be connected in the cones and equally distributed among them.

A Biological Section of the Illinois Microscopical Society is being organized for work in botany and histology, the meetings to be held at the Chicago University. Among the organizers are Professor Bastin, Messrs. Summers and Stuart, Doctors Sawyer, Cool, Patterson, Bannister, Tucker, Danforth, Fenger, Curtis and Clevenger.

CONTRIBUTIONS.

THE ADULTERATION OF VINEGAR.

BY H. W. WILEY, M. D., PROFESSOR OF CHEMISTY, PURDUE UNIVERSITY.

LAFAYETTE, IND., May, 1880.

It is generally believed by the public not only that sugar, syrup, etc., are often adulterated, but also that vinegar almost always is. In order to test the accuracy of this opinion I procured a number of specimens of commercial vinegar from different dealers, and subjected them to examination. No one of these vinegars was found to contain any acid except acetic. The merest appearance of turbidity on the addition of silver nitrate showed that only a faint trace of hydrochloric acid was present, while the perfect absence of any trace of a precipitate on addition of barium chloride proved the absence of sulphuric acid.

The specimens all contained from one and a half to three per cent of acetic acid. They differed greatly in appearance. One specimen, which was known to be pure cider vinegar, being the reddish brown color peculiar to that variety, while some other specimens, probably made from light colored wines, were almost colorless.

From this examination I can safely say that all these specimens, whether prepared by natural or artificial methods, were perfectly free from any acid adulteration.

The microscopic examination of these specimens revealed another fact, likewise contrary to generally received opinions.

In none of them could a single animalculum be found. The cider vinegar which was made in November, 1879, was diluted with an equal volume of water and exposed in an open vessel in an unused room in the laboratory. It was examined microscopically from day to day. It was two weeks before the animalcula appeared, but when once they made their appearance they developed rapidly in enormous numbers. The specimens I obtained could not have been extra good. They were obtained by applying personally to dealers, and were taken out of the same vessels from which their customers were supplied. It may be that in larger cities vinegar is made of sulphuric and hydrochloric acids, but I think it probable that the degree of adulteration of vinegar has been highly exaggerated.

H. W. WILEY.

REPORTS OF CASES.

I and II—Corrosive Sublimate Poisoning. III—Cardiac Dilatation with Bronchitis. IV—Gonorrhœa Cured by Purgatives.

BY S. V. CLEVENGER, M. D.

Case I. This patient, a lady, aged forty years, had applied a saturated alcoholic solution of mercuric chloride (about forty grains) to her forehead and the upper frontal region of her head, supposing that she was using alcohol, to abate a severe headache. In an hour vomiting began, and it was soon attended with intensely painful scalp, prostration, and occasional delirium. The danger was not realized until the next day, and when I arrived at the bedside twenty hours after the poison had been applied, I found the head swollen, tender, and covered with large pustules. I drenched the hair with a strong alkali, thus rendering insoluble all the poison that had not been absorbed, and then washed the scalp. Immediately after I applied albumen freely, which soon coagulating was removed, and a fresh application made. Internally whites of eggs and bicarbonate of sodium were administered. Soon after the poisoning pain was felt in the regions of the kidneys and liver, accompanied with difficult and painful micturition From the beginning of treatment the symptoms rapidly abated, but at the present time, a month later, the lady complains of a dull pain in the regions of the left kidney and liver. Tonic treatment overcame some of the debility following the accident, but as constipation, with evident biliary and renal obstruction still existed, I felt justified in prescribing potassium iodide in small doses, in the belief that the organs mentioned were mechanically occluded by mercury globules reduced from the bichloride. The patient, after three days of this treatment, is feeling much better.

Case II. Mrs. R., while using an alcoholic solution of the same poison, was unfortunate enough to spatter about a dram of it into her right eye. Prompt use of diluted albumen washes, with a collyrium of sodium biborate, glycerine and rose water, and hot water fomentations during the day with morphine at night, allayed the pain and inflammation. The next day atropia was employed to prevent otherwise possible synechiæ, and cold water applications were subsequently made with reference to their sedative effect. In a week scarcely a vestige of the intense conjunctivitis was left.

Case III. Mr. V., age 65, soon after an exciting political campaign, fell upon the sidewalk and was helped to his home, where I attended him. He had great dyspnœa, cough, moist bronchial rales, arcus senilis, œdematous ankles, cyanotic appearance about the head, cold extremities, and lowered temperature. Exploration of the chest revealed a reduplication of the second sound of the heart, without regurgitant murmurs. This, I conceived, was an indication of want of synchronous movement of the two sides of the heart from weakness and dilatation of the right side. In consultation with Dr. H. A. Johnson, it was determined to give the patient ten drops of tr. digitalis three times daily. This afforded prompt relief, and a few days later increased benefit resulted from the use of the following:

℞.	Pulv. Digitalis,	ʒi
	Feri redacti,	ʒss
	Strychniæ,	gr. ij
	Oleo-resinæ piperis,	gtt. xxx

Extr. Gentianæ, ʒi.

Divided into sixty pills, one to be taken twice daily, after meals.

The rapid abatement of the auscultatory and other symptoms under this treatment, considered in connection with the history as given by the family, indicated that this heart weakness originated two years ago, and that the bronchial irritation depended on impeded circulation through the lungs. Lately the patient has had what he calls his "sleepy days," which I consider due to passive cerebral venous hyperæmia, a condition which is often connected with disease of the right side of the heart, and sometimes amounts to coma. At times more active congestion would induce sleeplessness, ophthalmia tarsi, and, with bronchial engorgement, violent attacks of coughing. Diuretics, cathartics, and hypnotics were used as indications arose, but the digitalis and tonic treatment afforded the most decided mitigation of the cardiac and dependent ailments in this case.

Case IV. A young salesman with a bad record for cheating physicians, procured from me a prescription for his costiveness (hydrargyum cum colocynth), and desired treatment for his gonorrhœa also. He, supposing the cathartic constituted the remedy for all his difficulties, continued to use it day after day, with the supremely satisfying result of finding himself entirely free from gonorrhœa in two weeks. This case is mentioned because seemingly consistent with the views of Dr. Gamberini in the Giornale delle Malattie Veneree e della Pelle, quoted by Philadelphia Medical and Surgical Reporter, vol. xvii. p. 252. Dr. Gamberini condemns in this disease the use of terebinthinate drugs and of injections. He thinks they are often the cause of the prolonged duration of the disease. The affection should be treated as an ordinary inflammation, by ordinary means, especially by purging. He gives a pill composed of gamboge and extract of henbane three times a day. The effect of this is usually three or four evacuations, and the number of pills should be so regulated as to produce three or four actions per diem. So it seems that Mr. K., in dodging payment of his doctor, was treating himself successfully after the latest Italian mode.

INQUIRY—THE POSTURE OF WOMEN DURING LABOR.

3003 Locust Street, St. Louis, May, 1880.

Mr. Editor—I should be greatly indebted to you if you or your readers could assist me in obtaining some information with regard to a subject in which I am now interested: *The posture of women during labor.*

In civilized communities of the present day, women are delivered in their beds, mostly on the back, sometimes on the side; other methods, and especially the obstetrical chair, have been done away with long ago; but not so a rather peculiar custom which antedates the obstetrical chair, the delivery of a woman while seated on the lap of an attendant. This was the practice among various nations a thousand and more years ago, and is still customary in some portions of Mexico, of Peru and Chili, in the interior of Wales; and in the early part of this century it was a favorite method of delivery in parts West Virginia.

Other equally peculiar postures are in other countries assumed by women during labor, and I am anxious to collect all possible information which I can obtain with regard to the method of delivery, especially the posture occupied during labor among all such people as are not governed by the modern laws of obstetrics—our present Indians, the natives of South America, Africa, and the people living in mountain districts in the interior of those portions of the world which are not as yet attacked by all the accompaniments of modern civilization.

A circular letter asking such information, will soon be sent out to the medical officers of the army, by the Bureau of Ethnology of the Smithsonian Institution; but I have no doubt that among your readers, also, there are many who have observed curious positions occupied by women in labor. I would be thankful to these, if they would place me in possession of such facts as have come to their notice. Trusting that you may give me some assistance in this matter,

I am yours, etc.,

Geo. Z. Englemann, M. D.

CORRESPONDENCE.

CHALMOOGRA OIL.

Pulaski, Tenn., May, 1880.

I have in a number of cases tested the value of Chalmoogra Oil in sciatica, and not knowing of its previous employment in this affection, I submit the following report:

Case I. Sciatica of four years' standing had resisted all of the usual remedies and yet continued unrelieved. The pain at night destroyed sleep. The free use of the oil with friction upon retiring was followed on the first trial by so much relief that sleep followed. The same relief was experienced on subsequent nights during the short time the patient was under my observation. Unfortunately I soon lost sight of the patient and cannot now give the final result.

Case II. Elated by the temporary success in the first case, I tried the same remedy in the case of the next patient who came suffering from sciatica. This was a lady thirty-five years of age, married and the mother of two children. The hypodermic administration of morphia had been employed to such an extent that the patient now refused further medication of this kind. Vesicouts and the galvanic battery had been of no avail. After a week's use of the oil she became able to walk without crutches and is now well.

In addition to the above I have since treated six

cases of sciatica with the same remedy and with the same results. The oil which I used was obtained from Parke, Davis & Co., and from McKesson & Robbins. It is also well known to be of undoubted value in leprosy, but I much doubt its value as an agent for permanent cure, although the patient will undoubtedly improve under its internal and external use.

J. H. Egan, M. D.

NEW YORK LETTER.

New York, June 5th.

The meeting of the American Medical Association, which was held in this city during the present week, was the largest that has ever occurred. The number of delegates registered was 1151. A pleasant feature of the meeting was the social entertainments furnished by the Committee of Arrangements. On Tuesday evening the reception given in the Academy of Music to the delegates was a large and very brilliant affair. Many distinguished gentlemen of the city, clergymen and lawyers as well as physicians, were present, with ladies. The music was excellent, and the bountiful supper served by Delmonico seemed to be appreciated by every one. On Wednesday evening, members of the Association were invited to attend a representation of Othello at Booth's theatre, Mr. Edwin Booth taking the part of Iago, and being supported by a distinguished cast. On Thursday receptions were given by Mayor Cooper, Mr. August Belmont and Drs. Fordyce Barker and T. G. Thomas, on behalf of the Academy of Medicine. They were largely attended by prominent citizens and members of the medical and other professions. Messrs. Wm. Wood & Co. gave an excursion in honor of the Association on Friday afternoon. The large steamer Grand Republic went up the Hudson to Yonkers; returning passed around the city, up the East river to the Island, and finally down the bay to Coney Island, where a luncheon was served to the guests. Music was furnished by Gilmore's band. The afternoon was very clear and cool, and the excursionists evidently enjoyed the trip exceedingly, and were loud in their thanks for the kindness of Mr. Wood. Numerous lesser entertainments have been given by private individuals, and nothing has been neglected which could conduce to the pleasure and comfort of the Association. The work of the Association has been satisfactory; many papers of importance having been read and discussed. The following is a complete report of the proceedings:

AMERICAN MEDICAL ASSOCIATION—THIRTY-FIRST ANNUAL MEETING—REPORT OF PROCEEDINGS.

First Day, June 1.—The Association met at 11 A. M., in the Y. M. C. A. hall, and was called to order by the President, Dr. Lewis H. Sayre. After an opening prayer by Rev. W. F. Morgan, D. D., and an address of welcome by Dr. T. G. Thomas, Chairman of the Committee of Arrangements, the President delivered his address. It contained a review of the progress in medical and surgical science in America during the past 40 years, allusion being made to anæsthesia, ovariotomy, litholapaxy, and to the many advances in the departments of gynæcology, laryngology and orthopœdic surgery, as "triumphs, of which the American profession may well be proud." Dr. Sayre then urged upon the Association the adoption of the metric system and the necessity of a new method in the publication of the transactions of the Association. The transactions heretofore have appeared in a volume, which is seldom published sooner than one year after the meeting, when much of the interest in them has subsided. The President recommended that a journal similar in character to the British Medical Journal, which is controlled by and is the organ of the British Medical Association, be started and supported by the American Association, and he predicted that such a journal if properly conducted by an experienced editor would prove a convenience and a source of profit to the Association.

After a calling of the roll and the disposal of minor matters of business, the report of the foreign delegation on the progress of Medical International Uniformity was read by Dr. E. C. Seguin, in which the chief recommendation was the adoption of the metric system. Dr. Austin Flint, Chairman of the Committee on Prize Essays, reported that no award had been made. The Association then adjourned.

At 2 P. M., the various sections assembled in their respective rooms. *The section on the Practice of Medicine, Materia Medica and Physiology* met in the main hall. Chairman, J. S. Lynch, Baltimore, Md.; Secretary, W. C. Glascow, Mass. The first paper was by Dr. Wm. M. Thomson, of New York on *the Classification of Remedies.* After objecting to existing classifications, Dr. Thomson proposed to divide medicines into first, symptom medicines, and second, disease medicines. 1. Symptom medicines produce their effect by one dose on the healthy as well as on the sick, act immediately, affect the functions, remove symptoms, and are of use in acute diseases; examples are emetics, cathartics, opium, etc. They may be divided into (1) neurotics which affect nerve function, either actively (*a*) as stimulants, as ammonia; or (*b*) sedatives, as aconite; or (*c*) both stimulant and sedative, as opium; (2) eliminatives, or glandular medicines, (3) astringents. II. Disease medicines produce their effect by gradual administration, act remotely, do no not give rise to symptoms, do not act upon the healthy, affect the organs, and are of use in chronic diseases. Examples are iron, mercury, iodide of potash. They are divided into (1) restoratives, natural ingredients of the body given to supply a deficiency; (2) alteratives, foreign to the system. When symptom medicines do not produce symptoms, the dose has been too small, e. g. ipecac as emetic, and when disease medicines do produce symptoms, the dose has been too large, e. g. mercury in syphilis should not salivate. The advantages of this classification are that it assists the student in studying the action of remedies and offers a clinical guide to the practitioner.

The paper was discussed by Dr. Roberts Bartholow, of Philadelphia, who said that our knowledge was, as yet, too limited to admit of any correct classification of medicines. Some of the symptom medicines will produce organic changes and are of use in chronic cases, while others, e. g. opium, belong to both symptom and disease medicines according to the dose given. Dr. Putnam Jacobi said that the action of all medicines was necessarily molecular: some as alkaloids, diminish oxidation of nerve tissue; others, as mercury, accelerate intra-molecular oscillation and favor oxidation. Again, while small doses of morphine act on nerve tissue, large doses extend the same effects to all tissues, hence its influence, at first "functional," becomes later, structural. Dr. Thomson replied to the latter remarks by denying that we could know what the molecular changes are in functional diseases and hence, that we cannot say that a structural change is a higher degree of preceding functional anomaly.

The next paper was read by Dr. M. O'Hara, of Philadelphia on occlusion of one or more of the cerebral sinuses. A case was reported the chief symptoms of which were neuralgic pains, conjunctival ecchymoses, ocular protrusion, and paralysis of the right sixth nerve- Diagnosis was made by exclusion and the cause being presumably specific, the treatment was anti-syphilitic and was successful. The case was reported as being unique.

Other papers were read, but did not awaken discussion.

The Section of Surgery and Anatomy.—W. T. Briggs, Nashville, Tenn., Chairman; C. P. Adams, Hastings, Minn., Secretary.

First paper: Spinal extension; its modes and means, by Dr. Benjamin Lee, of Philadelphia, with exhibition of apparatus.

Second paper: Phimosis as a cause of nervous symptoms, by Dr. George M. Beard of New York. Dr. Beard mentioned a large number of neurasthenic symptoms which he had traced to phimosis as a cause, and recommended circumcision as the remedy, citing 32 cases. Drs. Hart of New Jersey, Maxwell of Delaware, Weldon of New York and others cited similar cases occurring in their practice. It was suggested that in some cases simple slitting of the prepuce might suffice.

Third paper: Section of the infra-orbital and inferior dental nerves for neuralgia, by Dr. J. T. Hodgen, of St. Louis. The nerve was drawn forward and cut as far back as possible, so as to avoid union, and in all cases (24) immense benefit was secured. If the disease returned it was owing to union of the divided ends. The paper aroused a sharp discussion. Dr. James R. Wood, of New York described his method of trephining into the autrum, and then through its posterior wall into the spheno-maxillary fossa, after which he cut off the nerve at its exit from the foramen and also removed Meckel's ganglion, which latter procedure was necessary to prevent return. All his cases experienced relief, but in most of them it was temporary and the pain returned in six to eighteen months. The doctor said he had no faith in curing these cases, but the pain was so severe that any operation was warranted which would give relief.

Dr. Pancoast of Philadelphia said that if a large section of the nerve were removed it might include all the diseased part and lead to a cure. To do this Dr. P. in four cases had entered the spheno-maxillary fossa by removing a portion of the coronoid process of the jaw, and, ligaturing the nerve made traction on it, and then cut it off, thus getting even beyond the foramen ovale. Dr. S. W. Gross of Philadelphia thought that pressure of the osseous tissue caused the inflammation of the neurilemm, and the neuralgia, especially in old persons, and recommended an application of the trephine to get at and relieve the compressed point. Dr. Wood stated that in all his cases the nerve had been found to be structurally changed. Dr. Campbell of Georgia said that in most cases the trouble was central, hence no removal of peripheral portions could effect a cure.

Fourth paper: Orthopœdic apparatus, devised by Dr. Stillman, of Plainfield, N. J.

Fifth paper: On certain methods in surgery, by Dr. Pancoast, of Philadelphia. Dr. P. recommended the use of black silk for sutures. He had found that the salts of lead are used in the preparation of the white silks in common use, while the iron of black silk is less injurious to tissues. He described a method of curing varicocele, by tying a ligature of silk very tightly after drawing it through a zinc button. In three days the ligature could be removed, and in a week the patient was out. Pathological specimens were exhibited by Dr. P. illustrating successful exsections of the shoulder and hip-joints in which new capsules had formed completely. Forty cases of amputation at the metacarpo-phalangeal articulation were reported where a volar flap had been employed successfully in place of the ordinary flaps. An instrument for cutting strictures of the urethra was shown, and Dr. Pancoast recommended four or six small incisions rather than one deep one, as the resulting cicatrix was less firm and dense. In synovitis Dr. P. preferred rest to extension. Traction caused irritation of the synovial membrane and diseased ligaments stretched abnormally. Rest relieved irritation, pain and spasm. In advanced stages exsection was necessary. The actual cautery was recommended as the best revulsive in articular affections. Many comments on the various topics touched upon by Dr. Pancoast, followed, mainly in confirmation of his suggestions. The section then adjourned.

The Section of Obstetrics and Gynæcology. J. M. B. Maughs, St. Louis, Chairman; Robt. Battey, Rome, Ga., Secretary.

First paper: On Battey's operation in epileptoid affections. By Dr. J. Marion Sims of New York. Four cases were reported in which the ovaries had been removed according to Battey's operation by abdominal incision under the antiseptic method. In

the first two cases the result was recovery from the effects of the operation and cure of the epileptoid affections (convulsions etc.) for which the operation was performed. The third case died from effects of the bromide of ethyl which was used as an anæsthetic. The fourth resulted in improvement but not in recovery. In all the cases the ovaries were diseased, having undergone cystic degeneration. In obstinate cases of hystero-epilepsy associated with convulsions occurring at the menstrual molimen the operation, if done antiseptically, was justifiable and was to be advised.

Second paper: On the true import of Oöphorectomy for reflex disease, by Dr. M. A. Pallen of New York. Dr. Pallen gave the histories of two cases of hystero-epilepsy and and one case of catalepsy in which he had operated. In one case of hystero-epilepsy a complete cure followed the removal of the ovaries. Both the other cases died of septicæmia. After giving a history of the operation from 1641, when it was performed "to repress lasciviousness," Dr. P. described the method of Battey, and gave him the credit for its introduction into modern surgery. He thought that its scope was quite wide, especially in the cure of reflex nervous diseases.

The subject was then discussed by Dr. Battey of Georgia, Dr. Trenholme of Montreal and Dr. Marcey of Massachusetts, all of whom cited successful cases. Dr. Findlay of Philadelphia reported a case of periodical insanity cured by this operation. Dr. Battey preferred the original operation in dextrous hands, when no adhesions existed. In all opposite conditions Dr. Sim's abdominal operation was safer. Dr. Sims said he had failed once in an attempt to remov the ovaries per vaginam, but thought it might be preferable if no adhesions existed. Dr. Thomas concurred in this opinion—he had never failed however where abdominal section was performed. Dr. Pallen preferred the abdominal operation. Dr. Battey stated that 12 of his 15 operations were per vaginam but he had failed twice, and had to resort to the abdominal operation, in which latter he had never failed.

The Section on Ophthalmology, Otology and Laryngology—L. Turnbull of Philadelphia, Chairman; Eugene Smith of Detroit, Secretary.

First paper: A case of syphilitic stenosis of the larnyx with fibrous adhesive bands of the true vocal cords; tracheotomy; rupture of the bands; cure of the stenosis by general (antisyphilitic) and local treatment by Dr. W. H. Daly of Pittsburg, Pa.

Second paper: Lesions of the larnyx in pulmonary phthisis, by Dr. Carl Seiler of Philadelphia. Dr. Seiler found that ulcerative processes begin in the glands and not in the mucous membrane, whence come the serrated edges of the epiglottis. He rarely finds giant cells, but always leucocytes in the foci of pus.

Third paper: On tumors of the lachrymal gland, by Dr. Hermann Knapp of New York. Three cases were described, and the pathology discussed. The tumors were adenomatous, as most tumors of this gland are. Microscopic sections were shown.

Fourth paper: On training of idiotic eyes, by Dr. E. Sequin of New York. Dr. S. said that the first point in education of the eyes is indication with the index finger. An idiot will follow the finger with his body and head, but not with his eyes. Hence education of the hands precedes that of the eyes. Several cases were described. There was no discussion.

Section on State Medicine, Public Hygiene and Medical Jurisprudence. J. F. Hibberd, Richmond, Ind., Chairman; T. F. Wood, Wilmington, N. C., Secretary.

First paper: On the death rate of rich and poor, by Dr. C. R. Drysdale of London, Eng. Read by the Secretary.

Second paper: On the National Board of Health, by Dr. J. S. Billings, U. S. A. The formation of the Board, its object, purposes and the work already done, were detailed, and the co-operation of the Medical Association was demanded.

Third paper: On the relations of the medical and legal professions to criminal abortion, by Dr. E. H. Parker, of Poughkeepsie, N. Y.

Fourth paper: On unsanitary engineering and architecture, by Dr. A. N. Bell, Garden City, N. Y.

Some discussion followed each of the papers, but no new facts were brought out.

Secvnd day, June 2.—The general session began at 10 A. M.

On motion of Dr. S. G. Gross of Philadelphia, seconded by Dr. Brodie of Detroit, the following gentlemen, who were present, were elected as honorary members: Mr. Jonathan Hutchinson, London, Eng., Drs. Hingstone, Trenholme, Osler, David, Howard, of Canada; Dr. Dillon of Dublin, Dr. Ercolani of Italy, Dr. DeMola of Peru.

Reports of several committees were received, among them a report of progress from Dr. N. S. Davis of Chicago, Chairman of the Committee on Ozone.

Dr. J. S. Lynch, of Baltimore, Chairman of the Section on Practice of Medicine, then delivered his address. He first took up the subject of yellow fever, and stated that it had been proven that the germs of the disease are not destroyed by cold, though their activity is suspended; that the poison is not contagious from patient to individuals but develops subsequently so as to render it capable of imparting the disease, hence it is a miasmatic-contagious affection, and the germs may be destroyed by fire or disinfection before they become active.

Passing then to the much greater mortality from scarletina, diphtheria and phthisis, he urged sanitary and hygienic measures upon the attention of the profession as means of prophylaxis and treatment. He then took up antipyretic medication, maintaining that the action of salicylic acid and its salts in rheumatism was wholly due to its antipyretic properties, and that quinine would produce equally good results. He said that carbolic acid could be used as an antipyretic and was convenient, as the dose was smaller and less disa-

greeable than quinine. He advocated the use of aconitia in facial neuralgia where there was congestion due to exposure to cold. He concluded by a brief allusion to the aid afforded by instruments of modern invention—thermometra, ophthalmoscope and hypodermic syringe.

The address of Dr. Briggs, of Tennessee, Chairman of the Section on Surgery followed, and was devoted to an elaborate account of preventive trephining as an important surgical procedure. There were three classes of surgeons; those who rejected the trephine, those who used it as a curative agent and those who accepted it as a valuable prophylactic agent. Dr. B. held that trephining is not dangerous if done before the secondary effects of traumatism are developed. In the opinion of most authors it should be restricted to cases in which there is immediate danger from compression caused by pus, extravasated blood or fragment of bone. Dr. B. thought that the surgeon should not wait until the characteristic symptoms of such lesions were well marked, but should trephine early to prevent the occurrence of inflammation and its consequences. Of 106 cases cited, two-thirds were saved by preventive treatment. In 42 cases in which he had trephined, 38 recovered. He urged the use of the conical trephine under antiseptic precautions in extensive comminuted depressed fractures of the skull, in punctured and simple fractures, and in fractures of the internal table. He recommended entire removal of all loose fragments of bone, and special attention to perfect drainage with the open-wound method of treatment. The paper was received with much interest and applause.

The Association then adopted an amendment to the Constitution instituting prizes of $250 each in the four sections of Practice of Medicine, Surgery, Obstetrics and State Medicine, on subjects to be chosen by a committee from each section. Announcements of the subjects will be made in the medical journals.

Section on Practice.—Dr. Hopkins, of Buffalo, N. Y., read a paper on sphygmograms, insisting that the tracings if carefully taken indicate characteristic peculiarities for each disease. He used a Pond's instrument and tested its accuracy by the sharpness of the angle to the tidal wave.

The second paper was on the use of chrysophanic acid in skin disease, by Dr. R. W. Taylor of New York. An ointment containing gr. x to ℥ j, had been of use in psoriasis and eczema, and in any affection where the infiltration was superficial. It stains, hence cannot be used on the face.

Dr. Wm. Pepper, of Philadelphia, followed with a paper on the local treatment of pulmonary cavities. He had injected Lugol's solution m. xv to ℥ i of water of water directly into the cavity in 17 cases, with the result of causing a contraction of the cavity as was shown by autopsies. He used a long hypodermic needle and repeated the injection about once a week. There was no danger in such injections. The paper aroused much discussion, in the course of which it was objected that the cavities might have healed spontaneously, or under the constitutional treatment, and again that phthisis being a constitutional disease, it would do no good to cause healing of one cavity, since others would appear. Several cases were cited in support of the position that the wound of the lung did no harm. Dr. Russell of Massachusetts referred to twenty-four gun shot wounds of the lung, twelve of which got well, and claimed that the lung could stand severe injuries.

The fourth paper was by Dr. Shoemaker, of Philadelphia, on the use of chlorate of potash in scrofulous diseases of the skin. The author had obtained better results by its use than with any other remedy. Several members spoke in confirmation of the use of the drug.

The last paper was read by Dr. Uhler, of Baltimore, on Restorative Remedies, and contained descriptions of new processes in the preparation of pepsin, cod liver oil, etc. It was not discussed.

Section of Surgery.—Dr. J. Little, of New York, described three cases of compound complicated hare-lip in which he had operated successfully. The patients were brothers, but the disease was not hereditary. Dr. Atlee, of Lancaster, mentioned a family in which one man having hare-lip transmitted the deformity to seventeen grandchildren, none of his children being affected. Dr. Post, of New York, had a record of several cases in which the disease was clearly hereditary, but skipped one generation in the line of descent. Drs. Atlee, Vanderveer, of Albany, and Sayre, of New York, advocated early operation—a few days after birth. Dr. McGuire, of Richmond, Va., had never seen a case of hare-lip in the negro, and considered the fact remarkable.

The second paper, on hip-joint disease, by Dr. Willard, of Philadelphia, contained a discussion of the pathology in several cases, and a description of a splint to be used. The splint was made after first taking a plaster cast of the limb in question, thus suiting each case.

Dr. J. B. Roberts, of Philadelphia, followed with a paper on tapping the pericardial sac. He cited forty-two cases with fourteen recoveries. The sac was tapped in the fifth intercostal space 5 centim. to the letf of the median line, and after the fluid had escaped was washed out with an antiseptic solution.

Dr. Robert F. Weir, of New York, read a paper on cystotomy for cystitis in the male, reporting forty-seven cases, twenty-three cured by the operation and seven relieved. He operated by lateral lithotomy, and kept the wound open ten days, after which time a tube can be permanently borne. Drs. Dawson, of Cincinnati, Gouley, of New York, and Hamilton, of Buffalo, approved of the operation. Dr. Hart, of Plainfield, N. J., instanced a case of cure where a tube had been introduced into the bladder by the rectum, and thought this was as safe as the operation of lithotomy.

The last paper was read by Dr. Byrd, of Quincy,

Ill., on laparotomy. He recommended its performance early in obstruction of the intestine, even though the diagnosis of the cause was doubtful. Dr. Gouley, of New York, united with Dr. Byrd in condemning delay. Dr. Dawson, of Cincinnati, considered laparotomy a last resort, and preferred patient trial of injections. Dr. Jewett, of Massachusetts, had introduced tubes into the rectum to the distance of three feet, and by an injection of warm water had broken up a mass of impacted feces which was causing obstruction. Others expressed different opinions and held that an operation after peritonitis had set in was extremely dangerous. Several other papers were read by title only, and the section then adjourned.

Section of Obstetrics.—First paper. On the management of the third stage of abortion, by Dr. J. T. Johnson, of Washington, D. C. Dr. Johnson urged the necessity of removing completely from the uterus the placenta and membranes in order to avoid septicæmia. Dr. Sherman, of St. Lawrence, and Dr. Christian, of Texas, supported the view of the author. Dr. Morris, of Baltimore, thought that the placenta might be allowed to remain as long as no injurious effects resulted. Nature could manage most cases in the early stages of pregnancy, while interference might set up metritis or peritonitis. Drs. Hubbard, of New York, and Trenholme, of Montreal, concurred with the last speaker. Dr. Marcey, of Massachusetts, replied to them, and said that it was his practice to remove the contents of the uterus with Thomas' curette when the finger could not be easily introduced. This procedure prevented septic poisoning.

The next paper was by Dr. I. E. Taylor, of New York, entitled gastro-hysterectomy, being remarks on, and exhibition of a full-term uterus removed by laparotomy.

The third paper was read by Dr. T. G. Thomas, of New York, on removal of the uterus in whole or in part by the extirpation of tumors connected with the organ. He said that there were three circumstances under which complete extirpation of the uterus was legitimate. I. On account of malignant disease. II. As an addendum to Cæsarian section after the method of Porro. III. In order to remove tumors whose attachment to it was too firm to be broken. The paper was a clinical contribution to the third class of cases. It embodied the results of seven operations in which the uterus was removed, in four of which recovery took place. The three fatal cases were all operated on for large solid tumors. A tumor which could be diminished in size by tapping was not so dangerous for laparotomy as a solid tumor which required a longer incision. He mentioned the record of Dr. Kimball, of Massachusetts, of eight recoveries in thirteen operations, and defended the operation as proper and feasible.

Section on State Medicine.—The time of the section was largely spent in a discussion regarding the National Board of Health, which had no tangible result. The papers read contained little of interest or importance.

Section on Ophthalmology, etc.—First paper. The therapeutic value of the galvano-cautery in diseases of the naso-pharynx, by Dr. W. H. Daly, of Pittsburg, Pa. Dr. D. doubts its general acceptance on account of its expense, and the unfavorable symptoms to which it gives rise.

Second paper, by Dr. H. Knapp, on the physics of astigmatism, with reference to its detection and correction.

Third paper, on the introduction of liquids into the Eustachian tubes and middle ear, by Dr. S. J. Jones, of Chicago. Dr. J. recommends the injection of warm saline solutions into the middle ear via the Eustachian tube, in dry, chronic, non-suppurative inflammations. He thinks the bad influence of sea-bathing on the middle ear has been over-estimated. Dr. Knapp said that his experience was entirely opposite to that of Dr. Jones. Dr. Pomeroy, of New York, had found that such injections produced inflammation. Drs. Chisholm, of Baltimore, Ritchey, of Washington, and others, had used injections with great benefit to the patient's hearing, and they supported Dr. Jones in his position.

The last paper was volunteered by Dr. Gruening, of New York, on Wickersheimer's preservative fluid for animal substances.

Section on Diseases of Children.—S. C. Busey, Washington, D. C., Chairman; F. Woodbury, Philadelphia, Secretary.

This is a new section and was temporarily organized at the instance of Dr. A. Jacobi, of New York, who read a number of papers before a small audience. He defended the special study of children's diseases, remarking that the days of the "general practitioner" are about over. He said that the pathology and treatment of children's cases differs from that of adults, and require special investigation. Such a study includes the questions of hygiene, feeding, nursing, clothing, baths, etc., and is demanded to-day, since over one-half of the patients treated by any practitioner are infants or children.

Dr. Busey read a paper on Bright's disease in children, in which he recommended the use of chalybeates, diuretics, and digitatis, as in adult cases.

Dr. Green, of Elizabeth, N. J., read a paper on congenital multiple lymphectasia, which was followed by a general discussion upon lymph tumors in the treatment of which injections of iodine, actual cautery, pressure, and ablation were advocated as means of cure.

Third day, June 3.—The general session was called to order at 10 A. M.

The committee on nominations reported as follows:

President—Dr. John T. Hodgen, of St. Louis.

Vice-Presidents—Drs. W. H. Anderson, of Mobile, Ala.; Levi G. Hill, of New Hampshire; Henry T. Holton, of Vermont, and H. Carpenter, of Oregon.

Permanent Secretary—Dr. William B. Atkinson, of Philadelphia.

Treasurer—Dr. R. Dunglison, of Philadelphia.

Librarian—Dr. William Lee, of Washington.

Members of Judicial Council, to fill vacancies—Drs. J. K. Bartlett, of Wisconsin; F. Staples, of Minnesota; D. R. Wallace, of Texas; J. G. Thomas, of Georgia; J. S. Billings, of the United States Army, Washington; J. H. Warren, of Massachusetts, and A. T. Woodward, of Vermont.

The Committee on the metric system offered the following resolutions, which were adopted after some debate.

Resolved, first: That the association recommends the teaching and practice of the Metric System in medical colleges, clinics, and dispensaries.

Resolved, second: That it charges the Executive Metric Committee to report annually on the above institutions which teach, and those which do not teach, the metric system.

Resolved, third: That it authorizes said committee to enter into communication with the Metric Committee of the British Medical Association, to concert such plans as may render the use of the metric system simultaneous and uniform in both countries.

Dr. Beach, of Ohio, offered a resolution making provision for the appointment of a committee of five, by the President, whose duty it shall be to endeavor to secure for the medical staff of the army and navy a social position co-equal with that for like grades in any department of the service. It was adopted.

An address was then delivered by Dr. J. F. Hibberd, chairman of the section on State Medicine. He began by alluding to the request made by Congress to the Academy of Sciences to report upon some better way of legally taking human life than by hanging, and said that it seemed unaccountable that the present horrors of execution should be continued when death could be so easily and promptly produced by poisoning with prussic acid, or by a powerful current of electricity. Turning to the department of psychology he mentioned the progress made in localization of brain functions. He then touched upon the question of state interference in the care of the insane, but took no positive position upon the subject. He described the work of the National Board of Health and urged upon the Association active co-operation with it. It does not interfere with local Boards of Health but seeks to combine the local observations for the general good. Sanitary science, still in its infancy, must be sustained by the profession, for its future promised great results.

The president then appointed delegates to the Canadian and European medical societies, and the Association adjourned.

Section on Practice.—First paper, on galvanic treatment of exophthalmic goitre, by Dr. A. D. Rockwell, of New York. An interrupted current applied to the cilio-spinal centre, or applied on either side of the goitre had cured five cases out of nine.

Second paper, on the use of sulphur and its compounds in skin diseases, by Dr. L. D. Bulkley, of New York. He recommended sulphide of calcium dose gr. ¼ q. i. d. in skin disease attended with suppuration, especially in acne, hordeoleum, and furunculosis. He did not place much faith in the use of sulphur waters. The external use of sulphur in any form in parasitic affections was recommended. Considerable discussion followed on the benefits of sulphur water, and much contradictory testimony was offered. Dr. Gibney, of New York, then read a paper on the treatment of sciatica by a strong galvanic current. Of thirty-two cases treated ten minutes daily for several days with a current from twenty-seven cells, twenty-four recovered. Dr. Beard thought there was much value in the treatment but considered it dangerous to begin with such a powerful current. He began with weak currents and increased them gradually till the patient complained.

Other papers were read without discussion and the section adjourned.

Section on Surgery.—First paper, on the pathology of syphilis, by Dr. F. N. Otis, of New York.

Second paper, on the development of osseous callus, by Dr. Marcey, of Massachusetts.

Third paper, on lupus, by Dr. H. G. Piffard, of New York.

The last two papers were illustrated by fine microphotographs.

Fourth paper, on the treatment of syphilis, by Dr. Charles R. Drysdale, of London, England. He used the green iodide of mercury 1-6 gr. with ext. hyoscyam. grs. ij, twice a day, in the second stage.

Dr. Martin, of Boston, was then invited to speak on the subject of his elastic bandage. He spoke of its use in articular affections, and cited cases. Drawbacks to its use were chafing, sweating, and pruritus, but these could be prevented by the intervention of lint or cotton between the limb and the bandage, by applying cold wet cloths outside the bandage, by washing the limb with tar soap and coating it with vaseline when the bandage was removed. He also said that his success in the treatment of large ulcers of the leg with the bandage had been very marked.

The remaining papers excited little interest and were not discussed.

Section on Obstetrics.—First paper, on treatment of fibroids of the uterus by dry earth, by Dr. Hewson, of Philadelphia. Dr. H. applied a layer of moist clay ¼ inch thick around the abdomen and covered it with bandages. In fifty cases he had obtained satisfactory results. The section seemed to discover some comical elements in the method and the paper was not discussed.

Second paper, on a modified operation for cystocele, by Dr. B. F. Dawson, of New York.

Third paper, on still-birth. Resuscitation after two hours, by Dr. Battey, of Georgia. After describing his case Dr. B. urged perseverance and patience in the treatment of asphyxia in the new-born.

Fourth paper, on rest after delivery, by Dr. R. Tauszky, of New York.

Dr. R. B. Cole, of San Francisco, then made some remarks on the use of sponge-tents in dilating the cervix. He used very fine sponge dipped in wax, then pressed flat and cut into any shape desired, and preferred these tents to all others. Dr. Pallen expressed his strong disapproval of the use of sponge-tents. It was dangerous, and he knew of nothing in all gynecological practice that had caused so much evil as the sponge-tent. It tore the mucous membrane. It frequently broke in being removed, and it led directly in many cases to septicæmia. The discussion was somewhat prolonged and vigorous on both sides, and was followed by adjournment.

Section on Diseases of Children.—Dr. A. Jacobi read two papers. First; on congenital atrophy of the liver, spyhilitic in origin, treated by hypodermic injections of the bichloride of mercury, with recovery. Dr. Reynolds, of New York, preferred to administer specific remedies to infants through the mother's milk, and did not approve of hypodermic medication. Others had used inunction but never hypodermic injections in young infants. Second; A report of a case of suprapubic lithotomy in a child six years old. The Chairman then announced that the Association had passed the necessary by-law creating a new section of diseases of children, and that the section would be permanently organized at the next meeting.

Section on Ophthalmology, etc.—First paper, on color-blindness, by Dr. B. J. Jeffries, of Boston. Dr. J. stated that 4 per cent. of males and ¼ per cent. of females are color-blind, and described the methods of detecting such blindness.

Second paper, on the embryology of the eye, by Dr. David Hunt, of Boston, illustrated by microphotographs. The paper showed much labor and was a valuable contribution to the knowledge of the subject.

Third paper, on globus-hystericus, by Dr. Brandeis, of New York.

Fourth paper, on removal of particles of steel and iron from the eye by means of the magnet, by Dr. E. Gruening, of New York. The author has invented an electric magnet for the purpose.

Another paper on the same subject was read by Dr. Pooley, of New York, and was followed by considerable discussion regarding the methods in the use of the magnet. The section then adjourned.

Section on State Medicine.—Attention was called by Dr. Wines, of the Census Bureau, to the blanks to be filled up by physicians for the census, and the advantages to be secured by full returns were mentioned. Ths co-operation of the association was desired, especially in the collection of data regarding the insane and idiots.

Dr. C. W. Page, of Hartford, Conn., read a paper on the moral treatment of the insane. He urged the separation of the curable cases from those which were helpless. He recommended employment and education for the patients, and any form of amusement which would afford diversion of the mind from their maladies. Superintendents and attendants should be physicians.

Recommendations regarding the detection of poisoning, the care of paupers, the intervention of physicians in education, and a paper on humane societies, were listened to with some interest, and a resolution was adopted urging upon medical schools the propriety of establishing a Chair of State Medicine. The section then adjourned.

Fourth Day, June 4—The final meeting of the Association began at 10 A. M.

The consideration of a new method of publication of the transactions was referred to a committee to report next year.

A resolution presented by the chairman of the section on State Medicine, expressing approval of the work of the National Board of Health and recommending to Congress a further appropriation for its use, was unanimously adopted.

A resolution was also passed promising the aid of members of the Association to the Census Bureau in collecting data regarding disease, insanity, and idiocy.

The President of the Canadian Medical Association returned thanks for the courtesy shown himself and his colleagues.

After votes of thanks to the President and the Committee of Arrangements, and to all others who had contributed to their entertainment, the committee adjourned. S.

CLINICAL REPORTS.

ABSTRACT OF A CLINICAL LECTURE

BY E. C. SEGUIN, M. D.
Professor of Diseases of the Nervous System, College Physician and Surgeon.
Report for the Chicago MEDICAL REVIEW.

Case 1. Locomotor Ataxia The patient was a male, 47 years of ago, a mechanical engineer. Until 6 years ago he was perfectly well. At that time he began to have pains in his lower limbs which he describes as sharp, tearing or shooting incharacter. They appeared in different places and lasted for several hours. The seat of pain was so tender during and after the paroxysms that the pressure of his clothing was unbearable. The patient says there is no spot on his lower limbs where he has not felt pain at some time. The attacks come on at all times of the day or night, and are more severe during cold, damp weather. They are somewhat mitigated by the application of cold. They are frequent at present in the lower extremities, and for the past year they have occurred occasionally in the arms as well. Two years ago, after a severe attack of pain, the patient noticed a feeling of numbness which began in his hips and extended downward to his feet. This has persisted. The is no numbness in the arms. The soles of his feet feel as if covered with adhesive plaster, and when he stands he feels as if there were pebbles under them. For two years he has had some

difficulty in walking. The legs are not thrown forward forcibly, but the heels strike the floor heavily, and the feet flatly. The patient staggers in walking with his eyes closed, but he can stand without falling. At night he often "loses his legs in bed" and cannot tell whether the feet are under cover or not. His micturition is slow and interrupted, his bowels are regular, and his sexual power is impaired. He writes and reads as well as usual and he never saw double. There has never been any mental disturbance. Upon physical examination it was observed that his general condition was good. The pupils were very much contracted, and irresponsive to differences of light, though they changed slightly in acts of accommodation. The eyeballs moved normally. No paresis was discovered in arms or legs when tested by forcible flexion and extension. The dynamometer registered 53 in his right hand, and 51 in his left hand. Slight ataxia was discovered in the lower limbs. In addition to the ordinary tests for incoordination,—placing the finger on the nose, touching the middle fingers of the two hands, and standing and walking when the eyes are closed,—a very delicate test was applied which revealed some ataxia not discovered by the older methods. A pin was stuck into the toe of the patient's shoe and he was told to place it against the head of another pin held about two feet from the floor by the examiner. The peculiar oscillation or zigzag movement of the foot as the attempt was made demonstrated at once a want of coordination. When the sensibility was tested it was found that touch impressions were appreciated readily, and differences of temperature, perfectly, but painful impressions were conducted slowly and their acuteness was impaired. A deep prick of the needle upon the foot was only felt at the end of 4 seconds, and a slight prick not felt at all. Tendon reflex at the patella and wrist was wholly wanting. Having completed the examination Dr. Seguin said: "This case, gentlemen, is evidently one of locomotor ataxia in the second stage. The first stage is characterized by such pains as the patient describes and though they are almost pathognomonic of this disease and are not confined to the joints, are peculiar in character, and very fugacious; they are often mistaken for manifestations of rheumatism. Usually in these cases there is some affection of the eyes but none have occurred in the case of our own patient. It is said that in 60 per cent. of the cases there is some paralysis of the ocular muscles which results in diplopia or strabismus. You will notice here the contracted condition of the pupils, and their insensibility to light from loss of reflex movement, while voluntary motion, occurring in acts of accommodation, is preserved. This symptom, first noticed by Argyll Robinson of Scotland, is seen in about one-half the cases. The absence of tendon reflex I consider of great value in the diagnosis of this disease. I have never known a case in which the symptom was wanting. There are rare cases on record in which the tendon reflex was preserved, but I believe that in them there must have been a complicating myelitis. It is absent because the connection between the sensory nerve and the nerve cell in the cord which converts the sensory impression into a motor impulse is severed. As the impression cannot reach the cell no motor impulse is developed and none is sent out. The cause of the pains and the loss of sensibility may be readily understood by considering the nature and location of the lesion. This consists, as you know, of sclerosis of the columns of Burdach or the posterior rabicular columns of Charcot. These columns are external to the columns of Goll and with them constitute the posterior columns of the cord. They are made up chiefly of the fibres of the posterior nerve roots which here enter the spinal column. Many of the books on anatomy tell you that the posterior nerves enter at the extremity of the posterior horns of gray matter. This is not the case. They pass backward around the horns and enter the cord at the columns of Burdach, then turn forward and outward and reach the posterior horns from their inner surface. It is the columns of Burdach which are affected in locomotor ataxia by a process of sclerosis or hypertrophy of connective tissue. This tissue presses upon, and causes disintegration of the nerve fibres, first at one spot and then at another until more or less of the length of the column is involved. This will explain how it happens that in many cases —as in this one,—there is no spot upon the lower limbs which has not been the seat of intense pain: for all the nerve fibres have been in turn compressed. The anaesthesia is developed gradually as we might suppose from the progressive character of the lesion. This patient will continue to have attacks of pain, and the numbness and incoordination will increase until he is confined to his bed by inability to stand or walk. He will gradually lose the use of his arms, sexual power will disappear, and he will probably develop diploplia and serious disease of the joints, and finally die of some complication. After the disease has progressed sometime the posterior medran column, or the columns of Goll, will be involved in the sclerosis, but this is regarded as only a secondary lesion and gives rise to no particular symptoms. It is present whenever the cord is pressed upon by a tumor, or in Pott's disease, above the point of pressure. It is hence called ascending degeneration. The location of the lesion in this man's case is in the lumbar region, for the pains have not been felt above the hips. It will extend gradually until the dorsal and lower cervical regions are involved and will produce the train of symptoms mentioned already in the prognosis. About treatment I can say nothing new or encouraging."

Case II. Spondylitis in cervical region. "The patient is a girl aged 11. About two years ago after a severe attack of toothache (?) in the left lower jaw her neck became stiff and her head rotated to the right, with the chin slightly elevated, in which posi-

tion it has remained. She refuses to try to move her head as the attempt is painful and fruitless and she often supports it with her hands. She complained of constant pain on the left side of the head in a line from the vertex downward into the neck about one and a half inches behind the ear. Motion of the head in any direction, especially rotation, and pressure downward upon the vertex, or traction, increase this pain. To obtain relief the mother brings her to this clinic and although the case does not properly belong to the department of nervous diseases I introduce it, for it is not exceptional. There are two conditions which can give rise to such a position of the head, and the differential diagnosis is to be made by considering the attitude and the distribution of the pain, and by certain tests of physical examination.

The attitude is suggestive of torticollis. Contraction of the left sterno-mastoid muscle would cause a similar rotation and elevation of the chin. But in torticollis the contracted muscle stands out conspicuously and feels firm and tense, while other muscles of the neck are natural. In this case the sterno-mastoid is not hard to the touch, and does not seem to be contracted, while the muscles of the back of the neck are particularly tense and hard. Spondylitis of the cervical vertebræ is the other condition which can give rise to such a position of the head, and we know that when a joint is diseased all the muscles about it are in a continual state of contraction and any attempt at motion is followed by an automatic or reflex act of resistance, such as is seen in this case.

The pain in torticollis is located in the contracted muscle, it is like a cramp, and it is increased by stretching the muscle. Here, on the contrary, it is limited to the region supplied by the occipitalis major nerve. It is increased by motion, of the head, especially rotation, pressure on the vertex or traction, that is, by anything which causes a pressing together of the vertebræ between which this nerve issues from the spinal canal.

Examination shows that the muscles of the neck are in a state of rigidity but not of spasm; that passive motion does not produce cramp in them but instead, pain in the nerve at a distance; and that this pain is increased by pressure on the the vertex.

These facts establish the diagnosis of Pott's disease of the 1st and 2nd cervical vertebræ. There is no displacement or curvature in this form of Pott's disease—as there is when it occurs lower down—but the other symptoms are identical, and especially the pain in the distribution of a spinal nerve. Wherever pain is so distinctly located in a single nerve the possibility of Pott's disease is to be considered—and it is this pain which leads such patients to consult a neurologist rather than an orthopedic surgeon. This symptom enables us to make a diagnosis very early in the disease, and hence is of great importance.

The treatment in this case will be to apply an apparatus which shall support the head in an immovable position and at the same time make slight traction upon the vertebræ. I can report a case of a lady, the wife of one of the most eminent clergymen of this city, in which an apparatus was worn for a year continually and no motion allowed, with an admirable result. She is now able to move her head freely and the pain has disappeared. In the case before us the disease has been in progress for two years and the prognosis is therefore less favorable than where treatment is begun early." S.

New York, May 25, 1880.

Surgical Operations upon the Kidney.—Dr. L. S. Pilcher, in a paper read befere the King's County Medical Society, Brooklyn, New York, reviews the operations which have been performed upon the kidney, and draws the following practical conclusions, which may be found in the "Proceedings" of the Society:

Certain affections of the kidney, as tubercular and cancerous degeneration, impaction of calculi within its cavity, suppurative inflammation of its substances or its ducts, however caused, when free escape of the pus by the ureter is prevented, and hydronephrosis, are recognized as incurable, and tending to death unless relief can be afforded surgically. Three methods of surgical interference in cases of nephritic disease have been practised. I. When an abscess originating in the kidney shall have formed, and shall be distinctly recognizable as pointing into the lumbar region, an incision has been made into it and the contents evacuated. Under the terms of nephrotomy this was the only operative interference countenanced by surgical authorities until within a few years. Many cases are recorded in surgical literature of renal calculi being discharged, either spontaneously or with the assistance of the surgeon through abscesses or sinuses opening in the lumbar region. In this class may be included also certain cases in which, after a nephritic abscess has discharged through the loin and a sinus has remained, at the bottom of which a calculus has been detected, more or less extensive incisions are made for its removal. II. When satisfactory evidence of the presence of a calculus in the cavity of the kidney has been secured, and the symptoms occasioned by it have become grave in their character; or when from any cause an accumulation of pus has taken place in the kidney which has not free vent through the ureter, methodical incisions have been practised through the tissues of the loin, the kidney has been exposed and its cavity laid open to secure the evacuation of its contents. III. Extirpation. To the late Prof. Gustave Simon, of Heidelberg, is due the honor of first having demonstrated the possibility of this operation, and of having methodically and success-

fully performed it. His first case, a woman, operated upon August 2, 1869, for the relief of an abdominal urinary fistula, recovered, and was living in good health seven years after. Dr. Pilcher gives the history of thirty-five cases in the paper referred to, and submits the following propositions as deductions, which he believes should form the basis of definite principles for future guidance:

I. Incisions into the substance of a kidney are not in themselves especially dangerous II. The kidneys may recover from very considerable lesions, if complications can be averted. III. Anatomically, the exposure or the removal of a kidney is not especially difficult or dangerous. IV. A single healthy kidney is capable of eliminating sufficient urine for the maintenance of health. These four propositions being accepted, two conclusions logically follow. These I submit with a confident belief that they will in time become generally accepted as rules of surgical practice. I. In. cisions into the substance of the kidneys for the exit of retained fluids or solid concretions or foreign bodies which have entered from without, or for purposes of exploration are justifiable, II. When a reasonable certainty exists that one kidney is healthy and the other is the seat of advanced and irremediable disease, its extirpation is justifiable.

REVIEWS.

A Text Book of Physiology. By M. Foster. From the third edition with notes and additions by Edward T. Reichard, M.D. H. C. Lea's Son & Co., 1880.

We had the pleasure of reviewing the third English edition for the Journal of Nervous and Mental Disease, of January, 1880, and the high opinion we then expressed of the work has been abundantly confirmed by our subsequent use of it for purposes of class instruction. It is the most thorough of its kind in our language, embodying in terse and clear language, not only the results of experimental research but also a description of other methods employed. It is admirably adapted to stimulate independent reflection. As a text book it is not without imperfections. Parts of it, the one relating to the pulse for example, are too complicated for the average student, and other parts, such as the chapter on the urines, are too brief to be satisfying. Omissions may be noted here and there also, but especially in relation to the physics of the eye. It would seem to us that a few hints in the direction of pathological processes might, without increasing the dimensions of the book to any considerable extent, add something to its value. The American edition is in no respect superior to its English predecessor. True, it contains added matter in the form of histological notes, but these, in our opinion, are too superficial to be of any service or to enhance the real value of the book, while there is danger that they may tempt students to dispense with separate and systematic treatises which are really indispensable. Our preference is for the English edition, partly because it presents a better appearance than the other, and partly because it attempts less while doing what it does attempt in a very thorough manner.

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS.

CONDENSED STATEMENT OF MORTALITY

IN THE CITY OF CHICAGO, FOR THE MONTH OF APRIL, 1880.

Oscar C. DeWolf, M. D., Commissioner of Health. M. K. Gleason, M. D., Registrar of Vital Statistics.

AGES.

Under 5 years	468	From 10 to 20 years	31	From 80 to 90 years	11
" 1 year	234	" 20 to 30 "	64	" 90 to 100 "	0
From 1 to 2 years	109	" 30 to 40 "	85	100 years and upwards	0
" 2 to 3 "	58	" 40 to 50 "	65	Unknown	2
" 3 to 4 "	43	" 50 to 60 "	42		
" 4 to 5 "	24	" 60 to 70 "	58	Total	885
" 5 to 10 "	50	" 70 to 80 "	29		

WARDS.

1st Ward	8	9th Ward	21	17th Ward	55
2d "	15	10th "	37	18th "	25
3d "	4	11th "	36	Public Institutions	88
4th "	48	12th "	33	Deaths by Violence	28
5th "	71	13th "	35	Unknown	0
6th "	51	14th "	113		
7th "	49	15th "	49	Total	885
8th "	41	16th "	48		

COMPARATIVE MONTHLY MORTALITY.

	April, 1878.	April, 1879.	Mar., 1880.	April, 1880.
Mortality	508	192	824	885

1.770 deaths in 1,000 Annual rate per 1,000, 24.21.

ESTIMATED POPULATION TO JAN. 1, 1880, 500,000.

CLASS I.

ZYMOTIC.

ORDER 1—*Miasmatic.*

Cholera—Asiatic	...
Cholera—Infantum	2
Cholera—Morbus	...
Croup	41
Diarrhœa	2
Dysentery	2
Diphtheria	59
Entero-Colitis	3
Erysipelas	6
Fever—Cerebro Spinal	6
Fever—Congestic	...
Fever—Hectic	...
Fever—Intermittent	...
Fever—Rheumatic	...
Fever—Remittent	3
Fever—Scarlet	26
Fever—Typhoid	11
Fever—Typhus	...
Measles	24
Pyæmia	...
Septicæmia	2
Small Pox	9
Varicella	...
Whooping Cough	2

ORDER 2—*Enthetic or Inoculated.*

Hydrophobia	...
Malignant Pustule	...
Syphilis—Congenital	2

ORDER 3—*Dietetic.*

Alcoholism—Chronic	2
Alcoholism—Mania a potu	2
Inanition	28
Purpura Hæmorrhagica	...

ORDER 4—*Parasitic.*

Apthæ	...
Hydatids	...
Tænia	...
Trichinosis	...

CLASS II.

CONSTITUTIONAL.

ORDER 1—*Diathetic.*

Anæmia	...
Bronchocele	...
Cancer	1
Cancer—Breast	2
Cancer—Bowels	...
Cancer—Bladder	1
Cancer—Kidney	1
Cancer—Liver	3
Cancer—Parotid gland	1
Cancer—Stomach	3
Cancer—Uterus	6
Marasmus—Senile	7
Marasmus—Infant	1
Rheumatism	3

ORDER 2—*Tubercular.*

Abscess Psoas	...
Gangrene	...
Hydrocephalus	8
Ill Defined	...
Phthisis Pulmonalis	79
Scrofula	...
Tabes Mesenterica	2
Tubercular Bronchitis	1
Tubercular Enteritis	...
Tubercular Laryngitis	...
Tubercular Meningitis	1
Tubercular Nephritis	...

CLASS III.

LOCAL.

ORDER 1—*Nervous,*

Atrophy—Brain	...
Apoplexy—Cerebral	12
Apoplexy—Pulmonary	...
Concussion—Brain	...
Congestion of Brain	19
Convulsions—Infantile	59
Cerebritis	3
Dementia-Chronic	...
Encephalitis	4
Epilepsy	...
Exhaustion	2
Hemiplegia	...
Inflammation of Brain	...
Laryngismus Stridulus	3
Meningitis	25
Myelitis	...
Paralysis	6
Phrenetis	...
Softening of Brain	1
Tetanus	...
Tumor—Brain	...
Trismus Nascentium	1

ORDER 2—*Circulatory.*

Aneurism	1
Aneurism—Thoracic Artery	...
Dropsy General	5
Dropsy of Heart	2
Embolism Cerebral	...
Embolism of Heart	...
Fatty Degeneration of Heart	3
Hypertrophy of Heart	...
Heart, Organic dis	9
Heart, Rheumatism of	2
Pericarditis	3
Valvular Disease of Heart	5
Endocarditis	...

ORDER 3—*Respiratory.*

Asthma	4
Bronchitis	28
" Capillary	39
Broncho-pneumonia	5
Emphysema	1
Hepatization—Lungs	1
Congestion of Lungs	12
Empyema	2
Laryngitis	2
Oedema Lungs	2
Oedema Glottidis	1
Pneumonia	112
Pleuro-pneumonia	3
Hæmoptysis	1

ORDER 4—*Digestive.*

Abscess—Liver	...
Bowels—Invagination	1
Cirrhosis of Liver	...
Colica Convulsiva	1
Enteremphraxis	1
Enteritis	8
Fatty Degeneration of Liver	...
Gastro-Enteritis	2
Gastritis	10
Hemorrhoids	...
Hepatitis	2
Hypertrophy—Liver	1
Icterus	6
Peritonitis	6
Stomatitis	1
Typhlitis	1
Ulceration of Stomach	...
" Bowels	1

ORDER 5—*Urinary.*

Congestion—Kidney	...
Albuminuria	20
Diabetes Mellitus	2
Nephritis	3
Cystitis	1
Uræmia	1
Strictura—Urethræ	1

ORDER 6—*Generative.*

Cellulitis Pelvic	2
Metritis	1
Metro-Peritonitis	2
Ovarian Tumor	2
Uterine Tumor	1

ORDER 7—*Locomotory, Osseous.*

Caries of Vertebræ	...
" Pelvis	1
Necrosis	...
Rachitis	2
Spine; Pott's Dis	2

ORDER 8—*Locomotory, Integumentary.*

Carbuncle	...
Eczema	1
Lupus	...
Sclerema	...

CLASS IV.

DEVELOPMENTAL.

ORDER 1—*Children.*

Atelectasis Pulmonum	2
Atresia Ani	...
Congenital Deformity	...
Cyanosis	1
Debility—Infantile	1
Dentition—Difficult	7
Hemorrhage Umbilical	1
Icterus Neonatorum	...
Tedious Birth	...

ORDER 2—*Women.*

Abortion	...
Hemorrhage, Post-Partum	...
Leucocythemia	...
Mastitis—Acute	...
Placenta Prævia	1
Phlegmasia Dolens	...
Pregnancy—Albumin'a	...
Pregnancy—Uræmia	...
Pregnancy—Vomiting	...
Puerperal Convulsions	...
Puerperal Mania	1
Puerperal Metritis	...
Puerperal Peritonitis	8
Puerperal Septicæmia	...
Tedious Labor	...

ORDER 3—*Old Age.*

Debility—Senile	19
Gangrene—Senile	...

ORDER 4—*Nutrition.*

Asthenia	...
Atrophy	2

CLASS V.

VIOLENCE.

ORDER 1—*Accident.*

Burned	2
Crushed	...
Drowning	3
Exposure	1
Fracture of Skull	1
Gun Shot	1
Suffocation	1
Chloroform—in Surg. Op	1
Hemorrhage	1
Run over by wagon	...
Scalding	1
Shock from R R Accident	5
" " Street Car "	1
" " Surg. Operation	2
Wound by fall	3

ORDER 2—*Homicide.*

Homicide by Shooting	...
Infanticide by	...
Manslaughter	...
Murder	1

ORDER 3—*Suicide.*

Cutting Throat	...
Drowning	...
Gun Shot	1
Hanging	...
Poisoning by Morphine	2
Poisoning by Strychnia	1
Unknown	2
Deaths	845

PREMATURE BIRTHS, 24. STILL BIRTHS, 45.

BOOKS AND PAMPHLETS.

J. Russell Reynolds, M. D., F. R. S. A System of Medicine, with numerous additions and Illustrations by Henry Hartshorne, A. M., M. D. Vol. III. Diseases of the Digestive, Blood, Glandular, Urinary, Reproductive and Cutaneous Systems. Philadelphia: Henry C. Lea's Sons & Co. St. Louis: J. H. Chambers & Co. 1880.

Edward Borck, M. D. Ovarian Tumors: At what Stage of the Disease is it the Proper Time to Operate? Reprint from Cincinnati Obstetric Gazette, March, 1880.

Edward Borck, M. D. A Case of Compound Dislocation of the Wrist. Reported to the St. Louis Medical Society. Reprint from the Transactions, 1880.

Michigan State Board of Health. Circular to Health Officers, Relative to the Work of Health Officers and of Local Boards of Health in Michigan. Circular No. 35, being a Modification of Circular No. 28, issued by the State Board of Health in Michigan. Lansing, Mich.: January, 1880.

Michigan State Board of Health. Relative to Notices of Diseases which Endanger the Public Health; Duties of Householders, Physicians and Others. Circular from the State Board of Health of Michigan to Supervisors and other Officers of Townships, to Presidents and other Officers of Incorporated Villages, and to Mayors and other Officers of Cities. Circular No. 34, being a Modification of Circular No. 25, embodying one new law and one amended law on this subject. Lansing, Mich.: January, 1880.

Geo. J. Engelmann, M. D. Time of Conception and Duration of Pregnancy. Reprinted from the St. Louis Courier of Medicine, May, 1880.

Alfred Poulet, M. D. A Treatise on Foreign Bodies in Surgical Practice. Vols. I. and II. Wood's Library of Medical Authors. New York: William Wood & Co., 1880.

E. L. Keyes, A. M., M. D. The Venereal Diseases, including Stricture of the Male Urethra. Wood's Library of Standard Medical Authors. New York: William Wood & Co., 1880.

Paul Guttmann, M. D. A Handbook of Physical Diagnosis, comprising the Throat, Thorax and Abdomen. Translated from the Third German Edition by Alex. Napier, M. D. Wood's Library of Standard Medical Authors. New York: William Wood & Co., 1880.

THE ARMY.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from May 13, 1880, to May 28, 1880.

Surgeons J. B. Brown, J. H. Bill, C. H. Alden, and J. S. Billings, to represent the Medical Department of the Army at annual meeting of American Medical Association, New York City, June 1, 1880. S. O. 107, A. G. O., May 14, 1880.

Vollum, E. P., major and surgeon. When relieved to report in person to commanding general department of the East for assignment to duty. S. O. 107, A. G. O., May 14, 1880.

Byrne, C. C., major and surgeon. Relieved from duty in department of Dakota and to report in person to commanding general division Pacific and department California, for assignment to duty in department of California. S. O. 107, C. S., A. G. O.

Woodward, J. J., major and surgeon. To proceed to Europe under special instructions to be communicated by the surgeon general of the Army. After completion of the duties assigned him to return to his station in Washington, D. C. S. O. 105, A. G. O., May 12, 1880.

Happersett, J. C. G., major and surgeon. Relieved from duty in the department of the East and to report to commanding general department of Texas for assignment to duty. S. O. 107, C. S., A. G. O.

De Hanne, J. V., captain and assistant surgeon. Relieved from duty in department of Texas, and to report by letter to surgeon general. S. O. 107, C. S., A. G. O.

McElderry, H., captain and assistant surgeon. Upon withdrawal of troops from camp on White River, Col., to accompany them to railroad and then repair to Fort D. A. Russell, Wyoming Territory, and report for temporary duty at that post. S. O. 42, department of the Platte, May 12, 1880.

Lauderdale, J. V., captain and assistant surgeon Granted leave of absence for four months with permission to go beyond sea. S. O. 111, A. G. O., May 19, 1880.

Matthews W., captain and assistant surgeon. Relieved from duty in department of California to proceed to New York City and report arrival to surgeon general. S. O. 107, C. S., A. G. O.

Harvey, P. F., captain and assistant surgeon. Granted leave of absence for four months. S. O. 113, A. G. O., May 21, 1880.

Byrne, C. B., captain and assistant surgeon. To report in person, May 30, 1880, to commanding general department of the South for assignment to duty. S. O. 107, C. S., A. G. O.

Hall, W. R., first lieutenant and assistant surgeon. To report in person to commanding general department of the Missouri for assignment to duty. S. O. 107, C. S., A. G. O.

Tesson, L. S., first lieutenant and assistant surgeon. Assigned to temporary duty at cavalry department, Jefferson barracks, Mo., relieving Surgeon E. P. Vollum. S. O. 107, C. S., A. G. O.

Randolph John F., major and surgeon. Died at Phildelphia, Pa., May 14, 1880.

Yeomans, August A., captain and assistant surgeon. Died at Toronto, Canada, May 19, 1880.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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JUDICIAL MURDER.—We believe it was Sir James Mackintosh, but if it was not he it was some one of equal celebrity, who made a fearful estimate of the number of insane persons executed in Great Britain for crimes for which they were morally, and should have been legally, irresponsible. It is generally supposed that, in this country, and at the present time, the conditions are reversed and a much too large proportion of really guilty persons escape on a false but well argued plea of irresponsibility. But there is no question in the mind of any right thinking person that error in this direction is infinitely better than its opposite, and a single case of judicial murder, well established, ought to shock public sentiment far more than the occasional escape of a criminal through an overstrained doubt as to his guilt, and the specious argument of his counsel. A recent case in Missouri seems to have been as near to a judicial murder as is possible, and indeed it could hardly be designated anything else, even with the utmost charity of judgment and mildness of expression. A man named Redemeier was tried and convicted of murder. The crime was unprovoked. The prisoner appeared to be under a delusion that he did the act in self defense. There was a conflict of expert opinion in regard to his sanity, but the jury found him guilty, and in spite of a petition for a stay of proceedings till his mental condition could be further investigated, signed by all but one of the medical witnesses in the case, he was executed on the 23d of April, claiming to the last that he killed his victim to save his own life. Some of the physicians, however, who were interested in the case, obtained permission to make a post mortem examination and carefully extracted his brain and sent it to Dr. Spitzka. His report of the preliminary examination is given in the St. Louis Clinical Record for May, from which we have obtained the above facts. He found a very low brain organization, a marked asymmetry, the right hemisphere being abormally larger than the left (the subject was a right handed man), the convolutions on the left side noticeably undeveloped in the insula and operculum, the sulcus of Rolando striking the median fissure at nearly a right angle, and various other indications of remarkably imperfect cerebral development, corresponding well with many of the characteristics observed during life. Without any disposition to exaggerate the importance of cerebral anomalies and post mortem appearances, it seems to us that the microscopic appearances alone of this man's brain as described in the report, would tend to throw doubt upon his mental capacity and his civil and criminal responsibility. In the light of the post mortem developments the action of the governor in refusing the respite that was petitioned for by the medical witnesses, cannot be regarded very favorably. It was doubtless an honest blunder, but it was deliberately committed in opposition to the judgment of those whose opinions he ought to have respected. The results of such an occurrence are not likely to end with the death of the unfortunate victim. Over-severity is apt to have its reaction in undue leniency, and a case like this will go far to discredit capital punishment for crime. It is probable that justice will be foiled more than once in direct consequence of this one mistake, and criminals who need hanging, if it is ever needed, will escape. We need not speak of the reproach which such a blunder or crime, not unavoidable, is to a community, and to an Executive among whom and by whom it was committed.

Salicylic Acid in Diseases of the Eye is now beginning to attract general attention. We notice an article on this subject by Dr. J. J. Chisolm, (Knapp's Archives, June, 1880) who speaks of its services in a very emphatic manner. It is especially in iritis that a decided improvement may be expected within twenty-four hours. Dr. Chisolm found it necessary to use large doses, giving 20 to 30 grains of sodium salicylate every three hours, disregarding the unpleasant temporary effects of the drug. He adds that, "if decided benefit is not observed in forty-eight to seventy-two hours, the salt is not likely to prove useful in the given case." The author adduces but a single case which indeed, is very demonstrative; the article, however, seems to be based on a fair experience. Similar statements are also made by Dr. Hotz in the May number of the Chicago Medical Journal and Examiner. A peculiarity of Dr. Hotz's experience is the very small dose employed, but 3 grains every two to three hours. The benefit attributed to such small quantities is quite at variance with the general experience. Still, the cases adduced by Dr. Hotz suffice to convince one familiar with the course of such troubles, that the rapid relief from pain, and especially the quick termination, were attributable to the salicylate of sodium. His report includes four cases of rheumatic iritis and two instances of paralysis of the motor oculi nerve.

In the writer's experience similar results have been obtained. In some cases of iritis a rapid improvement was noted. It seems, however, impossible to predict the result in a given case unless it bears unmistakably the stamp of the rheumatic diathesis. In two cases of plastic iridocyclitis perfectly alike in their previous course, it proved of decided benefit in one, while in the other it diminished the pain without interfering sensibly with the course of the disease. Pains due to radiation from distant lesions are most likely to yield to its influence. It is especially useful when the pain is neuralgic in character and is accompanied by tender spots along the course of the nerves.

A most striking case is still under observation. A smith was struck by a smooth piece of steel, which perforated the cornea near its lower edge and opened the capsule of the lens, also mutilating the iris slightly. When seen five days later the corneal wound was found adapted and within a few days closed. The iris has never been inflamed, it is simply adherent to the wound in the capsule. The lens is completely cataractous, opaque flakes creeping out of the capsular wound into the anterior chamber where they are absorbed. The patient is positive that no foreign body has been left in the eye. The expectant treatment was therefore adopted, consisting simply of the bandage with atropin. While there is considerable ciliary injection, the intra-ocular tension is normal. This patient has steadily experienced periods of intense pain and pressure, lasting from a few hours to a day, with a few days of painlessness alternating. During the past four weeks this pain has been held in check by about two twenty-grain doses of the salicylate of sodium, and has reappeared whenever the drug was discontinued. This agent is also of great service in relieving pain in various other lesions of the eye, not unfrequently even when the rheumatic element is absent. In the case of a scrofulous child having infiltration of the cornea, the accompanying headache yielded at once and the disease ran an unusually rapid course. We have also observed some benefit in case of asthenopic complaint without anomaly of refraction and accommodation, but o neuralgic origin. In paralysis of the ocular and facial nerves we have observed no striking results, but our observation has been confined to cases which were not rheumatic in nature.

Bromide of Ethyl.—M. Terrillon, of Paris, has employed bromide of ethyl extensively as a means of producing local anæsthesia for minor surgical operations. It has one advantage over sulphuric ether that, other things being equal, should insure its general adoption for this purpose. It is not inflammable and the uncomfortable accidents that may attend the use of ether, on account of its inflammability and volatility, are not possible with the new agent. M. Terrillon claims that atomization of from a minute and a half to two minutes will produce a local anæsthesia sufficient for the opening of the most painful abscesses, or the use of the thermo-cautery, which was open to special objections when only ether was available. If the atomization is continued some minutes the deeper tissues are quickly affected and larger operations, such as the removal of small tumors, etc., may be performed.

Resuscitation from Freezing.—It is a popular belief that in cases of freezing, the process of thawing should be conducted in a slow and gradual manner. This has been questioned by experimentors in times past, but it remained for F. F. Laptschinski (quoted in the Centralblatt für Chir., No. 15, 1880) to demonstrate its incorrectness. He performed twenty experiments, employing three dogs as nearly alike as possible in each one. Some of the animals were frozen by being confined in a room whose temperature was 17° C., and others by being packed in a freezing mixture. The freezing process was carried to a variable extent, but in some cases to the point of arresting respiration and causing the heart to beat very feebly.

In each experiment one of the frozen animals was rewarmed quickly in a bath of 46° C., another in an atmosphere of about 30° C., and the third by a slow and gradual rise in the temperature of the atmosphere, beginning at 0° C., but all of them were rubbed vigorously with brushes and coarse cloths. The following conclusions were reached: In animals of the same age, size, weight, and breed, the time required for cooling varies considerably, owing, no doubt, to differences in the production and loss of heat. The normal state is restored quickest by rapid heating in the hot baths. In some cases where slow warming is insufficient, the hot bath can save life. Quick resuscitation is less apt to be followed by febrile phenomena than slow, and it is followed by a smaller loss in weight. While frozen the blood corpuscles assume a variety of shapes, and many of them lose their coloring matter which stains the serum. The same appearances are presented, but in less degree, by blood removed during the process of recovery. The muscular fabrics of the frozen animals were, in some instances, opaque; they had lost to a variable extent their striated appearance; and the nuclei of the sarcolemma were more or less proliferated. These changes were more noticeable in the superficial than in the deep portions of the musculature. Animals rubbed in a very cold room continued to lose heat so that their temperature sank two or three degrees. A rectal temperature of 18° precludes the possibility of spontaneous recovery. This conclusion agrees with the older researches of Wertheim. An animal in the very same condition, however, will recover rapidly if placed in a warm bath, a fact to be explained by the stimulating influence of warm blood. Out of all the animals used, fourteen out of twenty died in the cold room notwithstanding all manipulations, eight out of twenty died in the warm room, but the hot bath saved life in every instance.

Exact Experiments on Renal Casts.—Researches have been recently completed by a German pathologist (Virchow's Archiv, LXXX, II.) which, without any exaggeration, we may claim to be of a more important bearing on the question of an accurate determination of the pathological state of the kidneys by the presence of certain casts, than the entire aggregate of the numerous monographs which have appeared within the last decade. As is well known the discoverer of the so-called fibrin casts, Henle, believed them to be a solidified exudation derived directly from the blood and analogous to the crupous pseudo-membranes. Axel Key considered them to be composed of an aggregate of degenerated epithelia, where a granular appearance was discoverable, and extended this view also to the so called gelatinous and the waxy casts. The hyaline cylinders he, however, attributed to a true cell secretion, and based this view on the observation: first, that such cylinders could be found in situ, in canals whose epithelia are intact, and further, that drops of an albuminoid material and resembling the material of which the casts are composed, could be seen within and protruding from the epithelial cells. Those who have examined the matter chemically consider these cylinders to be neither fibrin nor mucin, but some allied body derivable from the blood.

The investigator, whose results we have referred to, in order to settle the question, performed a series of very conclusive experiments on animals. In some he produced nephritis artificially, by the employment of cantharides and chromic acid; in others he induced circulatory disturbances by ligating one or other of the renal vessels. The advantage of inducing these conditions artificially is obvious, as it enables the investigator to examine the organ in a fresh, and at any desired stage, while autopsies on the human subject do not permit of any choice in this respect. The remarkable and suggestive discovery was made, that where actual nephritis is produced, no fibrin casts are found, the epithelia are degenerated and the casts are of a demonstrably epithelial derivation. But where only circulatory disturbances existed, these fibrin cylinders were frequent and the epithelia could be seen to be perfectly intact by their side. The conclusion naturally follows that fibrin casts are not pathognomonic of deep structural kidney changes, and are indications rather of an anomaly in the blood pressure.

Bogus Colleges.—At last a systematic effort is being made to exterminate the bogus medical colleges which have so long infested Philadelphia, and been such a source of annoyance to its regular institutions. John Buchanan, alias James Murray, D.D., Dean of the American University of Philadelphia, of the Eclectic Medical College of Pennsylvania, and the Livingston University of America, and President of the National Eclectic Medical Association, has with two adjunct swindlers named Charles S. Polk and John J. Tiggins, been arrested for selling diplomas. Six members of the faculty are still at large. The person urging the prosecution claims that for one hundred and fifty dollars he obtained five degrees: two of Doctor of Medicine, one Doctor of Divinity, one Doctor of Laws, and one Doctor of Civil Law. Half a ton of diplomas and a mass of correspondence showing the sale of about three thousand sheepskins, have been seized. Let the cyclone come west.

Nature and Management of Sleeplessness.—Dr. J. S. Jewell, in a lecture on this subject, delivered in the Chicago Medical College, which appeared in the Journal of Nervous and Mental Disease, April, 1880, says that while so much depends upon a correct conception of the physiology of sleeplessness in endeavors on the physician's part to remove it, unfortunately too little is known on the subject. We are, to-day, without a satisfactory theory of sleep. The favorite view, however, is that sleep depends upon an altered circulation in the brain, and that during sleep there is anæmia of the brain. Dr. Jewell does not doubt but that the phenomena of sleep are greatly dependent upon rather sudden modifications of circulation in certain areas of the brain. These changes are in the sensitive and "emotive" regions of the brain, rather than in the motor. Certain parts of the brain in relation to others sustain the relation of excitors. Such, in Dr. Jewell's opinion, are those parts of the cortex which are the seats of sense perception and of the emotions; other parts of the brain act chiefly as they are stimulated by these latter through connecting fibre systems. Considering "that particular regions of the brain are provided with blood circulations of their own, which are in great measure independent of neighboring vascular areas, we will be able to understand how it comes to pass that the circulation in one part of the brain may be profoundly modified without involving serious modifications in the circulation of other parts." The researches of Heutner, Duret and others, enable us to understand how these things occur, arteries in the cortex not anastomosing as in other parts of the body. In sleep, the vessels in these exciting regions contracting, a diminished supply of blood to particular parts is the result. In cases of hyperæmia of particular regions, wakefulness or an active state of the brain, or even stupor, if the supply be excessive, would follow inevitably. It is probable that loss of consciousness as in sleep or epilepsy is due to a greatly diminished blood supply to the sensitive regions of the cortex. In syncope the failure of the heart produces failure of blood supply to this same region, in epilepsy a sudden contraction of the vascular arteries prior to their termination in the capillaries produces the loss of consciousness. But there is a cause for these contractures of vessels, and we are to look for it in the vaso-motor system, which for convenience may be divided into vaso-dilators and vaso-constrictors; these nerves do not terminate peripherally in the muscular tissue of the vessels to which they go, but rather in the small nerve cells which are found seated upon or disseminated through the structure of the muscular walls of the vessels. The action of these little mechanisms is supposed to be controlled by the two classes of nerves which terminate in them, acting as their names indicate, but not per se, as they require stimulation from the nerve cells of the ganglia, in which they root themselves or from which they proceed. The vaso-motor nerve centres in the medulla oblongata and cervical portion of the spinal cord are the centres from which at various levels the nerves in question pass out. But they cannot act of themselves; they must be excited from without, and in the Doctor's opinion this excitation comes from the brain itself. Here we are launched upon a sea of conjecture, which must not be lost sight of. It is Doctor Jewell's opinion that in the progress of the brain's action, such a state comes to pass as regards the nutrition and circulation of certain parts as to cause variable excitations, which are conveyed downwards from the cortex to these vaso-motor mechanisms in the medulla and cord, thus producing contraction of vessels, anæmia and loss of consciousness, nor is it necessary to suppose that all parts of the brain are thus interfered with. Dr. Jewell then considers the subject in its various attitudes, physiologically, pathologically, and with reference to treatment of sleeplessness. This article being preliminary to other lectures in which the subject will be more fully treated, the rationale of measures such as ergot, bromides, cold and administration of purgatives, upright position, protracted warm baths, etc., are touched upon, as consistent with endeavors to produce sleep by diminishing revulsively or directly the surcharged blood supply to the brain. In the cases of cerebral irritability, coupled with sleeplessness, chloral hydrate, opiates and stimulants are rather indicated to relieve the insomnia. There are besides, cases where pain, dyspnœa, loud noises and external circumstances produce sleeplessness.

A New Dermal Parasite is stated to be an accompaniment of Psoriasis; C. Lang, (Vierteljahrschrift für Dermatologie, 1879, IV.) describes it as occurring in a delicate pellicle, overlying the papillary layer, which can be made visible by scraping away the scaly flakes. This layer contains besides epithelial debris, both spores and mycelium of an undescribed fungus which the discoverer proposes to term Epidermophyton.

Fissured Nipples.—For this painful and often obstinate affection, Dr. Lewis King, of Sedalia, recommends that the nipple, not including the openings of the milk ducts, be painted with a solution of pure rubber in naphtha. It makes an impervious film which will protect the part from immediate contact in nursing, and will remain for a number of days, allowing the healing process to go on beneath.

Transferability of Recurrent Fever by Inoculation. — A most interesting series of experiments has been performed by an Indian physician, to test the question of the transferability of recurrent fever by inoculation with the blood of fever patients. He selected as subjects of experiment, the common Indian monkey, macacus radiatus. Of his forty-four inoculations, thirty-one were with blood containing the spirilla, nine with fresh fever blood devoid of the parasite, and seven with dried blood. The latter two groups of experiments gave negative results, the former gave twenty-two clear records of transmission. Among the observations submitted by Dr. H. V. Carter, the physician in question, at the February meeting of the Medico-Chirurgical Society, and published in the Medical Times and Gazette we note: First, that the poison gains in virulence with every one remove of the inoculation. Second, that there is a lesser tendency to relapses in the monkey than in man. Third, that in the successful experiments, the blood was swarming with spirilla. It is to be remarked in this connection that the normal temperature of the macacus is 3° F. higher than that of man. In the discussion which followed, the president referred to some observations which tended to show that spirilla were not essential features of recurrent fever.

Wormlike Derivatives from Blood Corpuscles.—This very curious observation has recently been made by Dr. Gaule, (Archiv f. Phys. 1880, I. and II., p. 56.) To what this discovery may ultimately lead, it is impossible to say. Dr. Gaule gives the following directions in order to observe the phenomenon, which are easily fulfilled: Since animals in captivity do not answer, decapitate a freshly caught, lively frog, and catch the blood in a glass stoppered bottle containing some mercury and about 5 cubic centimeters of a solution of salt (.6 per cent). The blood is now defibrinated by shaking it with the mercury, and hereupon a drop is placed upon the warm stage, the thermometer of which shows 30° to 32° C. These conditions may be varied to some extent, though with more risk of failure. On watching this blood while warm, there appears in a blood corpuscle on the side of the nucleus, a rod-shaped body, containing some striæ, which higher lenses prove to be minute globules. This little rod is about one-half the length of the corpuscle, with tapering ends, its body showing a bluish lustre. It begins to raise itself out of the corpuscle, twists about and finally leaves it. When once liberated, it looks, in the words of the author, more like a "little worm" than anything else. It now begins to shoot about, rushing towards other corpuscles and apparently playing with them. It is evidently "sticky" since corpuscles and other microscopic objects adhere to it. After continuing to "play" for some minutes, these little worms finally lose their mobility and distinctness, and ultimately disappear, apparently by dissolving in the serum. The number of corpuscles giving birth to these worms varies; under favorable circumstances nearly all participate. The corpuscles themselves undergo some changes in shape and appearance and finally disappear like their derivatives. While admitting the puzzling and as yet inexplicable nature of the phenomenon, Gaule considers the worm "to represent the original protoplasm of the corpuscle." In this connection reference is made to an article by Prof. R. Arndt on the red corpuscles (Virchow's Archiv, vol. 78, H. I. p. 1.) in which that writer throws out the suggestion that the spirillæ found in the blood of relapsing fever are but derivatives of the red corpuscles. He adduces, however, merely ingenious "circumstantial evidence," but no direct proof.

Oöphorectomy.—One hundred and thirty cases of what is commonly known as Battey's operation are on record, of which Professor A. Hegar, of Freiburg, reports forty-two. Of these one hundred and thirty, one hundred and nine have been performed by laparotomy and twenty-one by elytrotomy. The average mortality in the total number of cases has been about twenty per cent., the cases by elytrotomy showing a percentage of recoveries slightly more favorable than those from laparotomy. Although this operation may still be regarded as sub judice, the results seem to indicate that it is of value. In certain classes of cases, notably those of hystero-epilepsy, in which the prognosis without Battey's operation would be hopeless, the operation has been followed by favorable results in a sufficient number of cases to render its performance admissible.

Seeing by Telegraph.—The British Medical Journal for May 1, 1880, says, "we read in the Times of a novel and startling addition to telegraphic possibilities, viz., 'seeing by telegraph.' By means of a lens, an image of the object is thrown upon a receiving plate. This is built up of a series of thermopile elements grooved anteriorly to an even surface and connected by their posterior ends with a series of wires which transmit the electric currents generated by the reception of the image to a similar series of elements in a second plate at a distance. In this second plate the electric currents create changes exactly corresponding to those produced by the image in the receiving plate. The close analogy between this apparatus and the rods and cones of the retina and the fibres of the optic nerve is obvious."

Disinfecting Intra-Uterine Injections.—The Centralblatt für Gynäkologie, No. 5, 1880, contains a paper by Hofmeir on this subject, which is abstracted in the Edinburgh Medical Journal as follows: He objects to needless employment of intra-uterine injections, as likely to be dangerous, and supports his view by reference to 260 normal cases in which intra-uterine disinfecting injections were used, and of whom 42, or 16 per cent., were the subjects of inflammatory processes, involving the genital organs; whilst of 249 cases treated without injections, only 19, or 8 per cent., were so affected. Of the 42 cases, 8 were seriously affected, and of the 19, only 1. The author, however, holds that if during the labor, fermentation and putrescent processes have been started, as evidenced by the formation of gases in the uterus, and fever in the patient, disinfectant injections are not only not objectionable, but are urgently necessary, and give excellent results. The strength, however, must be considerable, so that the injection shall be slightly caustic. Dr. Hofmeir recommends a solution of carbolic acid, one in twenty of water, to be employed in such cases, and maintains that he has seen excellent results from this. The author recommends the same treatment to be adopted after abortions, if followed by offensive discharge.

The Precise Mechanism of Intestinal Rupture from overdistension has not been as carefully studied as it deserves. In fact, the possibility of the occurrence of such a rupture seems to be unknown to, or certainly is ignored by, some of the writers who recommend rectal injections. Prof. Heschl now offers an important contribution to its pathogeny, (Centralblatt, May 15). Observing that two females, on both of whom he made the autopsy the same day, and in both of whom putrid peritonitis had been the immediate cause of death, and the result of rupture of ascending colon from overdistention, due, in its turn, to cancerous obstruction low down, exhibited this rupture at the same region of the gut, he was led to make some experiments on the ascending colon by means of forced injections. In all such experiments he found that the rupture took place at the same point, on the right anterior aspect of the ascending colon, near its origin from the cœcum. By raising the pressure to 130–140 millimeters, the serous coat ruptured first exhibiting a long rent through which the muscular coat bulged out. With the occurrence of this rupture the pressure sank, and on being again raised, the muscular coat gave way in a smaller rent following the course of the transverse muscular fibres. Still further pressure caused the mucous coat to give way, which it did after becoming considerably attenuated by the distension. That the mechanism was the same in the pathological cases is proven by the similarity in the appearances of the rent. That of the serous coat is longer and gaping, showing that the deeper layers had been protruded for some time before themselves rupturing. That of the muscular coat though far less extensive than that of the serous, is larger than that of the mucous, which latter shows an irregularly frayed-out dehiscence, so that just as the muscular tunic protruded through the serous rent some time before giving way, so the mucous coat protruded through the muscular rent before the final rupture and consequent completed perforation of the gut. These facts show that the serous coat possesses the least distensibility of all the enieric tunics. In the course of his experiments Prof. Heschl found that a gut with tubercular ulcerations, did not rupture at the seats of the ulceration, which were protected by cicatrices, but at an intermediate locality. A confirmatory observation, as regards the mechanism of rupture from distension, occurred to ourselves some time ago. In making an autopsy on a mare which had died with flatulent colic, we found exactly the same condition of the rent as that described for human subjects by the writer referred to.

Elytrorrhaphy for Prolapse by Lefort's Method.—M. Panas (Le Progrès Medical, Dec.,1879) states that this operation as compared with that of Sims, is better and easier. It is strange that any surgeon should consider an operation which obliterates the vagina preferable to an operation which reduces the vagina to its normal condition, unless for the former some advantage in the way of efficiency is evident. The operation of Lefort would certainly cause the uterus to be held up, but the operation of Sims does the same. It is true that Sims' is more difficult to perform, but the modification of Emmet renders it comparatively easy, certainly not more difficult than that of Lefort. The Obstetrical Journal of Great Britain, February, 1880, suggests that the operation of Lefort involves the inconvenience of obliteration of the vagina, and sagely remarks that it is the bounden duty of the surgeon to inform the patient of this inconvenience previous to the operation.

Dr. Alex. J. Stone, Professor of Gynecology, Obstetrics and Medical Jurisprudence, St. Paul Medical College, was, at the last meeting, unanimously elected President of the Minnesota State Medical Society. In the next number we shall publish a report of the proceedings of this meeting, which was held at Albert Lea, Minnesota, Tuesday and Wednesday, June 15 and 16, 1880.

Points in the Surgery of the Urinary Organs.—The Philadelphia Medical and Surgical Reporter for May 29, contains an abstract of a paper that was read before the Harveian Society, April 15, by Mr. Teevan, in which the following points were presented:

I. Retention of urine in children is always caused by a stone, unless there is a contracted meatus, or a tight foreskin.

II. Incontinence that is diurnal as well as nocturnal may be caused by a stone impacted in the deeper portions of the urethra. When the stone is at the meatus internus it is accurately and firmly embraced by the sphincter, so that no urine can escape; but when is is advanced half an inch further forward, it acts as a gag, preventing the sphincter from closing, and allowing the urine to dribble away.

III. Incontinence in boys may be caused by a congenitally contracted meatus.

IV. Dribbling of urine in men signifies retention, not incontinence.

V. If, when a catheter is passed in a man, the urine is expelled with great pain and violence, not only through the instrument but by its sides; there must be a stone impacted in the deeper portions of the urethra.

VI. It is not possible to empty every man's bladder with a catheter as the organ is sometimes sacculated.

VII. Gleet of more than six months duration means an incipient stricture.

VIII. Behind an enlarged prostate always suspect a stone.

IX. Prostatic cases are worse at night than in the day, but calculous cases are worse in the day than at night.

X. If in a man, painful and frequent micturition is aggravated by riding, the patient probably has a stone.

XI. Before delivering a child see that the mother's bladder is empty.

XII. If a woman have retention after childbirth, she ought to be relieved with an elastic olivary catheter, the interior of which is filled with a bougie. For the want of this precaution the catheter may become plugged with mucus, and cystitis may be set up by ineffectual attempts to draw the urine.

The Lesion of Tetanus. — In a case of tetanus, occurring subsequent to ovariotomy, Mr. Alban Doran and Dr. Vincent Harris failed to find anything abnormal in the pedicle. At the April 6 meeting of the Pathological Society they are reported by the Medical Times and Gazette as failing to confirm the occurrence of granular disintegration of the cord, as the lesion of tetanus, claimed by Lockhart Clarke. They found, however, certain isolated unstained patches as well as a proliferation of the ependyma and an exudation band running across the central canal. From the fact that the relators identify the patches aforesaid with those described by Dickson and others, we apprehend that they have committed that frequent mistake in cerebral pathology of mistaking artefacts for actual lesions.

Real and Hysterial Tetanus.—Dr. Prentiss in the American Journal of Medical Science, states that the following definite points distinguish the hysterical from the real tetanus:

I. Hysterical tetanus is ushered in by noise in the ears, deafness and blindness. In true tetanus and strychnia poisoning the senses are rendered preternaturally acute.

II. There was unconsciousness during the paroxysms. This never occurs in tetanus and strychnia poisoning, except as an ante-mortem condition.

III. The eyes were closed during the spasms. The eyes stare widely open in the other diseases.

IV. The long, uninterrupted sleep at night. In this particular there is a resemblance to chorea. In true tetanus there is no such relief until convalesence. It is noticeable also that no relief followed the administration of chloral, until it was given in thirty-grain doses.

Dr. J. B. Morrison, in the Philadelphia Medical and Surgical Reporter, narrates the surprisingly good results which followed insulation of a rheumatic patients. Tho Doctor was fully alive to the ludicrous and superstitious aspect of the treatment. He placed glass plates under the posts of the bed and the patient recovered quickly. This would prove nothing were it not that one of the plates broke and the patient "soon passed from comparative ease and quiet sleep to wakefulness, great restlessness and severe pain. Very soon after the plate was restored, the pains ceased, and the patient became calm and easy, and passed into a quiet sleep. Was this all accidental or was it due to insulation? I hope physicians will give it a full and fair trial." So?

A. Allison, M.D., senior surgeon to Lloyd Cottage Hospital, Bridlington, writes to the Lancet, that many years ago he heard the late Dr. Golding Bird say that elcctrical sparks drawn from a cancerous structure till an eruption occurred were the only reliable means of cure that he could endorse. Doctor Allison then describes the case of a farm laborer who was struck by lightning, with the apparent result of lengthening his life ten years, by the disappearance of carcinomatous disease.

INTRA-UTERINE INJECTIONS FOR PUERPERAL SEPTICEMIA.—Professor Edward W. Jenks, in an exhaustive paper on this subject, (Gynecological Transactions, 1880) adopts the following conclusions from the recorded opinions of eminent observers, including his own observations and experience:

I. In its wide-spreading relations to other causes of puerperal diseases, and of death, septicemia stands preeminent, for, although puerperal diseases are designated by different names, many lesions of the circulatory, respiratory, and nervous systems are the direct or indirect results of blood poisoning; therefore it is obviously the plain duty of every obstetrician to prevent the absorption of any decomposing materials from the uterus.

II. The objections, which have been made to intra-uterine injections in the treatment of non-puerperal uterine diseases, are not applicable to their use for the prophylaxis or treatment of puerperal septicemia.

III. The number of deaths attributed to intra-uterine injections have, in the majority of instances, occurred when they were used for other purposes than washing out the puerperal uterus with antiseptic fluid.

IV. When a death has taken place on account of washing out the uterine cavity after child-birth with a simple antiseptic wash the fatal result has not been in consequence of the injection itself, but from the improper manner of giving it.

V. By the observance of proper precautions on the part of obstetricians this mode of treatment is rendered harmless. To secure entire immunity from danger certain requisites are important, as follows: (*a*) The mouth and neck of the uterus should be well dilated, and a free outlet insured for the injected fluid. (*b*) Air must not be admitted with the injection. (*c*) The fluid should be injected slowly and without much force. (*d*) The fluid used for injection ought not to be of a lower temperature than the normal temperature of the body. (*e*) Powerful astringents should under no circumstances be injected within the uterus, as they are liable to produce contraction of the os and cervix, and thus aid in forcing the injected fluid into the tubes or sinuses.

VI. The administration of these injections ought never to be intrusted to a nurse or inexperienced assistant, but should invariably be given by the accoucheur himself, with as much carefulness and attention to every detail as he would exercise in the performance of a surgical operation.

VII. Intra-uterine injections should be used invariably succeeding child-birth, if there exists any of the following conditions: (*a*) If there is premature cessation of the lochia with any constitutional disturbance. (*b*) If there exists a purulent or fetid uterine discharge. (*c*) Whenever there is any abnormality of the lochia, or offensive uterine discharge, attended by elevation of temperature or increased frequency of pulse. (*d*) When there are good reasons for believing that the uterus contains fragments of placenta, or is imperfectly contracted, and contains clots or any animal substance.

VIII. Intra-uterine injections should be more generally used in the prophylaxis and treatment of puerperal diseases, than has heretofore been customary, for the following reasons: (*a*) If properly administered to puerperal woman, they are devoid of danger and capable of accomplishing results for good which cannot be attained by any other means. (*b*) There are no other modes of treatment or remedial agents which act as speedily in lowering the high temperature of puerperal septicemia, or accomplish better results in certain inflammatory conditions of the uterus peculiar to the puerperal state. (*c*) They are peculiarly serviceable in causing the expulsion of clots or fragments of placenta, and aid in a marked manner in facilitating the rapid involution of the uterus. (*d*) They have diminished in a remarkable manner the number of deaths, which to all appearance were inevitable from puerperal poisoning—far surpassing in this particular any other known means of treatment.

PROF. S. J. JONES, at the last meeting of the Illinois State Medical Society, was elected Permanent Secretary of the Society in place of Prof. N. S. Davis, resigned. The usual commiseration upon the excellent man who has been lost, and the usual congratulation upon the excellent man who has been gained, in this instance, hardly conveys the impression to be desired. In medical societies, Dr. Davis may be said to be the veteran of America, having been identified most prominently, not only with the State Society, but also being the father of the American Medical Association. For a long term of years he has held the position of Permanent Secretary of the State Society, and the downright hard work everywhere known to characterize his career, has by no means been wanting in his performance of the duties of that position. In accepting his resignation the Society did the least thing which it could have done, in unanimously resolving that his resignation was accepted solely on account of his own emphatic request, and for reasons beyond the power of any one to control. In the election of his successor, the Society shows its appreciation of the honest and efficient efforts which Dr. Jones, during several years, has put forth in its behalf. The society has given its most important office to an efficient man.

CONTRIBUTIONS.

WHAT HAS BEEN DONE BY THE ASYLUM ASSOCIATION IN THE INTEREST OF SCIENTIFIC PSYCHIATRY?

BY EDWARD C. SPITZKA, M. D., NEW YORK.

From whatever point we regard the subject of insane asylum management this much is evident, that it involves numerous and intricate questions, each of which equally merits a serious consideration. But not all of these important questions interest the same class of critics. Some of them are more proper subjects for the attention of the tax payer as such; others interest the philanthropist rather than the physician; still others come within the domain of the social scientist, and finally there are those regarding which the physician *alone* is justified in raising his voice.

It happens unfortunately that the pending movement in favor of lunacy reform, has to deal not only with questions of opinion and belief, discussed by the various upholders with the common object of advance and improvement, but that it also finds a certain circle arrayed against it almost unanimously with the avowed object of stifling discussion. Actually, therefore, those interested in the question of asylum management are divided into two opposing bodies. The one composed, it must be confessed, of very heterogenous elements, consists of medical and non-medical, radical and moderate friends of the movement for asylum reform. The other consists of the Association of American Superintendents of Hospitals for the Insane.

That the discussion of the subject has therefore taken a controversial turn, is not to be wondered at, and however much this fact may be regretted by those who prefer to see questions of science and management treated in an objective and scientific manner, it is evident that the controversial issue is one which must *now* be looked squarely in the face!

Some of the questions arising out of this discussion have been taken up by those interested in defending the policy of the Association, and with varying apparent success. Every error made by extravagant and mistaken, though well meaning friends of the reform movement. friends such as will arise for every reform movement, (often to its detriment), has been taken advantage of. But while the medical advocates of the asylum ring have extensively ventilated the arguments of the lay speakers made at a recent public meeting, in the daily papers, they have, with the single exception of the "restraint question," left the issues raised by their *medical* critics severely alone.

The reason for all this becomes evident on reflection. "Mechanical restraint," the appointment of consulting boards, the transmission of patient's letters, the functions of a commissioner in lunacy, the discipline of the asylums, the manipulation of funds, the separation of chronic and acute, male and female, epileptic and non-epileptic, pay and pauper patients, are questions that may be temporarily and seemingly at least, disposed of by the statement that as those who differ on these questions from the venerable asylum associations, have never been superintendents themselves, they can not possibly know anything about them.

The subject of lunacy reform assumes a different complexion, when we proceed to inquire: What answer has been made to the strictures passed on the so called scientific work of the members of the American Association of Asylum Superintendents? The answer is, absolutely none! It would be a just decision if an impartial looker on were to consider judgment as having gone by default, and that the silence of the asylum representatives was their own condemnation.

But, it might be urged here, the first attacks* upon the scientific work of the Asylum Association, were coupled with such sweeping reflections upon the scientific integrity of some of its members, that the injured feelings of the latter forbade their taking any notice of such strictures, however much the cause of their silence might be misconstrued.

In order to place the matter in such a form that an evasion of the most fundamental and important question involved in the subject of lunacy reform, shall become an impossibility, even on pretended personal grounds, I have resolved to re-open the subject in the shape of an answer to the question which constitutes the heading of this article.

I shall first consider the pathological, and then the clinical work done by the Association. In doing so I shall hold the Association responsible for nothing done anterior to the present decade, as it would be manifestly unfair to criticise American medical superintendents for shortcomings which were at a certain period almost equally noticeable in Great Britain and on the Continent. If I chose, for example, to hold the Association responsible for the earlier performances of its official organ, the *American Journal of Insanity*, I should not be at a loss to find many statements and endorsed extracts as suggestive or nearly so, in their way, as the subjoined. It is an extract from Hamilton's Metaphysics, reproduced in a review of that work, without a word of contradiction, and in such a way as to leave but one inference, namely, that it was endorsed by the reviewer.

"A fact striking in itself and not without significance in relation to the present inquiry is this, that these intruders" (parasitic animals of various kinds, worms in every loathsome diversity, reptiles armed with fangs, crawlers of a hundred feet, etc., etc.,) "infest the (frontal) sinuses of women."†

*Review of the transactions of the International Medical Congress. Journal of Nervous and Mental Diseases, Jan., 1878.
Reform in Scientific Psychiatry. Ibid, April, 1878.
Merits, Motives, and Prospects of the Movement for Asylum Reform. Ibid, 1878. (All by the writer.)
The Non-Asylum treatment of the Insane—also The Construction, Organization and Equipment of Hospitals for the Insane, by Wm. A. Hammond, M.D. Neurological Contributions, 1879.

†Quoted by Dr. Storer in his "Insanity in Women" from the American Journal of Insanity, April, 1856. Pages 306--310.

Just ten years ago the Superintendent of the State Asylum at Utica, succeeding in having a special pathologist appointed. Munificent appropriations were made for the carrying out of pathological and therapeutical researches. Most excellent instruments were purchased and constructed, and it can safely be said, that no hospital for the insane, nay, no hospital of any kind, has been so lavishly supplied with the *material* requisites for the carrying on of scientific work as the asylum mentioned.

It would be possible to dispose of the question of the value of the results obtained under these unprecedentedly favorable circumstances on their merits, in the brief words which I used before the now sufficiently notorious "Senate Committee on Public Health," that "the publications emanating from the asylum at Utica were not worth the paper on which they were written," thus leaving it to those examining the publications mentioned, to endorse or to controvert my assertion.

Fortunately for my assertion those engaged in the researches on insanity at the Utica asylum, have committed themselves in such a way that my charge is not only manifestly proven, but it is also shown that I should be justified in advancing the further charge that these researches were misleading and exhibited grave inconsistencies suggestive of fundamental and unpardonable ignorance.

The most elaborate contribution to pathology made at this asylum, is entitled "Pathology of Insanity," and the name of Dr. J. P. Gray appears as that of the author. Nowhere throughout the monograph is the name of the special pathologist, Mr. Theodore Deccke, mentioned, although it is a reasonable presumption that he conducted the researches on which the article is based.

After describing on the third page *cavities* varying in dimensions between those of the "nuclei of multipolar cells" to such as can be seen by "the naked eye," *as the result of an increase of neuroglia, circumcumscribed in a cystic cavity formed by condensed minute connective fibres*," the author adds *verbatim et literatim*, the following deductive suggestion which, without criticism or comment, I can leave to the reader;

"How much share these *broken connections* between the perceptive brain cells and those of the peripheral part of special senses take, in the causation of *hallucinations* and other sensorial phenomena peculiar to insanity, is difficult to determine, *although the fact appears worthy of notice in this connection.*"

It may be well to state here that the lesion referred to is illustrated by a microphotograph (Plate A, figure 1.) and that a history of the patient from whom the illustrating specimen was obtained is given on pages 18, 19 and 20, and that no hallucinations whatever are mentioned in this history, and in addition that from such history as is given, it is quite unlikely that the patient had any.

On page nine, occurs another delicious fragment. It will afford considerable satisfaction to those who, it seems, have been engaged in a fruitless endeavor to differentiate the motor tracts and "centres" on the score of limited and accurately localized lesions.

"In several cases of hemorrhage into the motor tract and consequent hemiplegia, there is also more or less mental shock, and even mental disturbance showing a convolutional relation with the motor lesion. On the other hand a hemorrhage on the surface of the brain instantly affects the motor tracts."*

Page ten contributes the following:

"In another case of mania where the disease was farther advanced, we have observed *colloid* bodies, a semitransparent *nitrogenous plasma, proteinaceous* in its nature, scattered through the tissues and, as it will be observed from the specimen, *sometimes so thickly spread out as to occupy nearly half the space over the section.*"

The most damaging evidence which this "monograph" affords against the character of the results achieved at Utica is furnished by the accompanying microphotographs. Of these there are fourteen. Four are utterly unrecognizable, (Plate A, Fig. 1; Plate B, Figs. 1 and 3; Plate F, Fig. 3.†) two are obscure, (Plate F, Figs. 1 and 2;) three that are *comparatively* clear as far as they reveal anything, show that there is nothing bearing any relation to insanity or to anything else in them. (Plate B, Fig. 2; Plate D, Figs. 1 and 2), and the remaining five, exhibit the artificial precipitates that will be dealt with at length. (Plate A, Fig. 2; Plate C, Figs. 1 and 2; Plate E, Figs. 1 and 2.)

When the brain or cord of any animal is submitted to the action of absolute alcohol a sufficient length of time, a peculiar series of changes occurs, simulating lesions, but which can be produced at will in the healthiest human and animal brains. In the first place, alcohol has been long known to extract *leucin* from nervous tissues, and I have found crystalloid, or subcrystalline spheres of *leucin* scattered more or less regularly through the tissues or accumulated in the perivascular areas of healthy brains submitted to the action of alcohol. By varying the length of exposure, or by immersing the brain, or different portions of the same brain, at different stages of post mortem change, in alcohol, these artificial "lesions" may be pleasingly varied. That these bodies are *leucin*, or at least chiefly consist of *leucin*, is demonstrated by their chemical reaction. Among the tests which can be conveniently applied, are their insolubility in ether and chloroform, and difficult solubility in alcohol (requiring 1,040 parts of cold and 800 parts of hot alcohol); the bodies do not stain in carmine and are

*There is not the slightest mention of the collateral effects of pressure in this connection.

†Designated in the text "entire involvement of the vessel by the fatty granules. The accumulation exhibiting a crystalline, and atheromatons condition."

refractive,* besides they are either hyaline or show a radiatory striation.†

As I have stated, variations in the external conditions may possibly have something to do with variations in the composition and appearance of such bodies.

Now the observer who has not had his attention called to these precipitates before, and who, finding them in the brain of some subject dying from a degenerative brain affection, or from some disorder like hydrophobia or delirium, symptomatic manifestations presumably associated with intense molecular and bio-chemical transformations, may be excused for jumping at the conclusion that these bodies represent *bona fide* lesions.

But when, as in the asylum under consideration, the same "change" is found in such different affections as general paresis, subacute mania, and chronic melancholia (cases 2, 3 and 5 of the text), it becomes evident that as little reflection has been exercised as when *destruction* of nerve tracts is considered to be the basis of hallucinations.

In the text the writer of the paper names them "granular bodies," (p. 10) "*grumous* granular matter," (p. 17) "encysted morbid products," (p. 21) "colloid bodies," (p. 23) globules "of a fatty nature," (p. 27) and the fact that he has found such deposits in such different forms of insanity, has evidently furnished the grounds for the following statement:

"A fact which seems of the utmost importance is the similarity of histological changes attending the different forms of insanity, as represented in the microphotographs, and indeed in all cases which have fallen under observation. If such regularity is displayed in future investigations as I am strongly led to believe will be the case, this fact will practically confirm the principle, that in insanity we have to contend with *only one* DIATHESIS, manifesting itself under different phases in its progress and results."

The reflection forces itself on the reader, that if the same artificial lesions were manufactured to order, as it were, in every other class of diseases, that it would be an equally just inference to refer all somatic affections to "only one diathesis." But what will the reader say when, on turning to the next page he meets with a statement which, when taken in connection with the one just quoted, is strongly suggestive of something which one finds it difficult to refrain from diagnosticating.

"The distinction between the appearance of the cerebral tissues in the specimens presented of mania, and those of general paresis and epileptic insanity, would seem to uphold the separate class assigned to the last two forms of disease in the classification adopted."

There seems to be a very vague conception in the mind of the writer, as to the signification of common terms used in the English language, for on page 20 he speaks of "the concentric layers of connective fibres which form the cavity, appear distinctly around the mass whose gelatinous semi-fluid aspect contrasts strongly with the granular structure of the rest of the specimen." This refers to Plate A, Fig. 1, on turning to which I find that instead of being "concentric," such fibres as can be distinguished are straight and jut into the so-called "gelatinous" mass in a *radiatory* manner.

The diction of the article is not its least remarkable feature. The writer treats of the changes found by Rokitansky in paralytic dementia, the secondary changes of Türk, the peculiar bodies proven by Jastrowitz to occur in new-born children, and finally his own artificial lesions, in such a manner that the reader can form but one conclusion, namely, that he has considered them all as identical.

By the side of such revelations the writer may forego all comment on incidental vagaries like the discovery in a woman suffering from acute mania, of "gray degeneration of the pons Varolii and medulla oblongata," evidently solely from the naked eye appearances, or in the same subject (p. 28) that "the transverse colon crossed the peritoneum at about the middle line," or that the microphotograph, Plate D, Fig. 1, is designated as showing "portions of the posterior columns," (though it is evidently from either the anterior or lateral cornua) or finally, the record without any clinical or other comment of "considerable atrophy of the anterior roots" of the spinal cord, unaccompanied by microscopical examination, in a woman suffering from chronic melancholia. (p. 21.)

What judgment shall be passed on the laboratory of whose results this is the representative publication?

A second paper* has emanated from the same source.

As a whole it is a disquisition on general pathological changes without any special reference to the nervous system. Let the reader, in order to test the originality of this article, compare its pages 337–344 with pages 32 to 70 of Rindfleisch's text book on Pathological Histology, and I shall be very much surprised if he does not come to the conclusion that the nucleus of "Pathological Researches" is a substantial though imperfectly digested and assimilated abstract from a student's hand book. In fact, the different forms of pathological change are given in the same order even, though the order of conditions of "infiltration" and conditions of "involution" is reversed. Throughout the "abstract" other similarly material (?) modifications are made; with what object the reader will readily surmise. But these "modifications" the author has not been uniformly successful in as witness the following from page 335:

*This feature varies, probably according to certain admixtures.

†Overstaining sections containing these bodies in carmine, and particularly in hæmatoxylin, does stain the latter; ordinary staining fails to do so.

*"Pathological Researches," by John P. Gray, M.D., before he Association of Superintendents. American Journal of nsanity, Jan. 1871.

"Now this process is marked by the dissolution of the organized albuminates and the formation of the most varied chemical compounds, which differ according to the seat of the destruction, and the products which are deposited, as crystallized or amorphous matter, liquids or gaseous bodies, which diffuse themselves into the surrounding tissues. This is the process of complete mortification. The presence of foreign living organisms *are* a cause of partial and local mortification. Not only the so-called vibriones, the bacteria, the *botrytis*, the aspergillus, etc., which are found in gangrenous conditions of the various organs, and even in the blood itself are causes, *but also the processes of life of the trichina and the great variety of the entozoa.*"

The first half of the above gives a brief abstract of pages 30–31 of Rindfleisch. The latter half is possibly modelled on the following from p. 32 of the same work:

The occurrence of living organisms in gangrenous parts, deserves special mention. They are, in the first place, the ordinary superficial layers of mould (aspergillus, oidium) such as we find in all moulder-ing bodies sufficiently moist; but, besides these, the so-called vibriones, which are met within the ichor and in the interior of decaying organs, in immense numbers. * * * * * * *"

There can be no doubt that the portion of the "Pathological Researches" which I have italicized improves much on the vigor and originality of its model. I am also quite certain that no one will contest Dr. Gray's claims to spontaneity in this regard! For a short moment I was puzzled to account for the reference made in the "Pathological Researches" to the *botrytis;* on scanning Rindfleisch more closely, I succeeded in unearthing a *bothrytis* in a figure reference of the same page (p. 32.)

It is toward the latter end of the article that we discern the sole reference to pathological states of the brain, that appears to be based on the researches carried on in the Utica laboratory. Criticism on it would be simply impossible! Here is the entire passage:

"This structure of the nervous centers, as must be apparent, in their relation to the heart and circulation, must favor exudative processes, dilatation of vessels, aneurismal conditions, as the miliary aneurisms of Charcot, dissecting aneurisms of Virchow, which are prominent among the conditions which initiate local cerebral hemorrhages. They also, by pressure on the surrounding tissues, produce disturbances of functions, and pathological changes in the otherwise unaffected tissues, and thus diffuse or extend the mischief; hence the facility with which, in limited sections of the brain *and cord*, a hyperæmic state, or conditions of fulness of vessels may be developed by increased or diminished heart action under feeble conditions of nerve energy. In ordinary cases of nervous prostration, especially connected with hysteria, we frequently see those hyperæmic localizations in the eyes, face, and neck, and sometimes even well-marked ecchymosis from rupture of capillaries. These hyperæmic conditions continuing, we have stasis of blood in the capillary vessels and a thrombic condition of the vessels by the gradual impaction with blood-corpuscles. This state most seriously interferes with the supply of the blood, and anæmia is set up in the parts of the tissue which those vessels supply. Finally, this continuing, the vessels having still further filled, an actual state of *embolic* filling takes place, and the supply is completely cut off in the vessels affected. Thus the anæmic state is increased. These conditions, as our investigations have shown, occur not in isolated vessels in those locally hyperæmic areas, but in a large proportion of the vessels. In the *embolized* vessels there is no longer function, and they are in a condition for states of fatty involution, or the other processes of degeneration mentioned. So, also, are the neuroglia, the nerve cells and nerve fibres implicated as we have distinctly seen through the microscope in cases examined."

It is unfortunate—for the reviewers—that this paper is not accompanied by microphotographs like its predecessor. Much has been lost to the scientific world by this omission. In simply mentioning the titles of the photographs, which were exhibited when the paper was read, Dr. Gray makes our mouths water with the following:

"11. Chain of granule cells with the residua* of a disintegrated capillary."

"12. Cluster of granule cells with residua of disintegrated capillaries."

"II. 3. Healthy pyramidal cell from the third layer of the upper central convolution, *with a connective tissue cell attached to it.*

13. Transverse section through the same region (lateral columns of medulla oblongata) in fatty involution—paresis.

15. Colloid bodies in large ganglion cells of the medulla oblongata.

16. Section through the root of the nervus trigeminus, with colloid bodies.

17, Section through the medulla oblongata near the raphe with colloid bodies.

21. Calcification of pyramidal cells of the third layer of the upper parietal convolution—*melancholia.*†

22. Concentric arrangement of oblong nuclei of the neuroglia, in *first stage* of calcification.

23. Concentric arrangement of oblong nuclei of the neuroglia, in *second stage* of calcareous infiltration in the center of the concentric layers.

24. Concentric arrangement of oblong nuclei of the neuroglia, in state of complete calcification.

25. Concentric arrangement of oblong nuclei of the neuroglia, a very large mass *breaking up.*

*Grappotte case, compare.

†If this lesion, so rarely observed and under such exceptional conditions, as it has been noticed by Forster and Virchow, should be accepted for melancholia, what a satisfactory basis for—stagnated cerebral activity—it would furnish?

This concludes the list of pathological contributions proceeding from the Utica laboratory, excepting a report on the examination of Grappotte's brain, which I shall refer to in connection with some related questions on another occasion.*

I do not find it necessary here to refer to articles emanating from the Utica Laboratory on the normal anatomy of the nerve centres, which fully merit the criticisms in Virchow, Hirsch's Jahresbericht "*Nichts Neues*," as they are nothing more nor less than reviews of the current literature on the subject, without even showing originality in treatment or arrangement.

Now on looking through the annual reports of the Utica asylum, I find the following language: (Report for 1874, page 26, lines 31–34.)

"The magnified picture of the actual structure not only presents what is observed under the microscope, but reveals in distinct definition what the eye is unable to detect even by the aid of the microscope."

On consulting again the microphotographs referred to previously, which happened to be published and distributed that same year, I find that there are some things visible on the photographs, which *the eye is unable to detect even by the aid of the microscope*, namely, projections of *dust spots*, et cetera, such as had settled on the lenses of the camera, during the photographic process. Whether this has also served as a basis for some epochal discoveries in psychopathology, I can, from the ambiguity of the articles referred to, not determine satisfactorily.

On the same page the superintendent says: "I regard mania and melancholia as *essentially the same psychologically and pathologically*." The reader will be inclined to judge this statement mildly, as far at least as the "pathologically" is concerned, when he recollects that the leucin precipitates were equally artificially formed in brains of sufferers from both forms of alienations (see "Pathology of Insanity.")

Other reports from the same institution confirm the conclusions I have suggested. The ones before me contain the following:

"The nervous tissue is the most highly developed of all tissues, and as such it exerts a more powerful resistance to material alteration. On the other hand it is the most excitable and irritable of the tissues. It thus has the quality of resisting chemical and dynamical force, while it is peculiarly subject to the action of mechanical agencies."†

From the report for 1878, p. 38: "The pulmonary artery of the left lung was the site of quite a number of efflorescences, arranged in a radiating manner, resembling stalactites."

A noteworthy feature in these pathological reports is that not a single case is reported in which the results were negative. Several facts I have adverted to, which may explain this partly. The discussion of the next subject will explain it further.

A western asylum, the one situated at Oshkosh,* Wisconsin, has been provided with all the requirements for pathological research, and the opportunities afforded its superintendent, are unequaled save by those existing at Utica. Two publications have emanated from this asylum, dealing with pathological subjects. The first is published in the International Medical Congress' transactions; the second is a somewhat more extended though substantial reproduction of its fellow, and is published in the transactions of a State Medical Society.

In taking up the later paper,† I am therefore at the same time dealing with the former. On the occasions when both papers were read, microphotographs were exhibited. While these are nowhere published in a scientific journal, Dr. Kempster has kindly furnished wood-cuts from these photographs to the writer of an article on Dr. Kempster's asylum, published in a monthly magazine. These photographs show that the same artificial lesions were produced at this asylum, which form such a prominent feature in the Utica results. Page 44 has:

"Even in the most recent cases of insanity, although the change may not at once be detected by the unaided eye, the microscope reveals the change and erringly points out the seat of disease."

Speaking of a deposit in the walls of blood vessels of the insane, the writer says:

"The material is of a yellow color and finely granular; it is generally deposited close to the vessel wall. Still another form is found, this is more perfectly crystalline and larger. It has received the name of hæmatoidin."

This will be found to be the case in the brain of every healthy adult, has long been known to be so found, and, as if to put the matter beyond any doubt, has been determined by Obersteiner in the brains of scores of sane persons dying from intercurrent affections or suddenly in the midst of perfect health.

On page 51 is an excellent description of the artificial precipitates:

*I quote from the report of the special pathologist. "The gray cortical substance of the vascular system of the brain revealed a fully normal supply of blood in all parts. Scattered through the tissues, however, especially at the base of the brain, there were many residua of degenerated and obliterated arterioles and capillaries. They represented small stems or shrubs with two, three or more branches, lined by irregularly thickened hyaline walls of a fibrillous structure." On the occasion on which I shall fully discuss this case, I trust to be able to reveal that the application of pathological examinations to medico-legal cases in the Utica laboratory has been made not in good faith, but in the interests of a clique such as has not had its equal in the American medical profession.

†Report for 1877, p. 50.

*In September, 1876, before the International Medical Congress (see "Transactions") the superintendent of the asylum reported having made 115 autopsies of subjects of insanity. In March, 1877, this number had risen to 200 (trans. Wisconsin State Med. Soc.), and in July of the same year 260 had been reached (Am. Journal of Insanity, report of proceedings of association, 1877). So that between September, 1876 and July, 1877, 145 autopsies were made by this superintendent according to his own account. On looking at a report of his asylum, in which the current year happens very fortunately for my comparison to run from September, 1876, to 1877, I find that there were 42 deaths during the whole year, during a portion of which Dr. Kempster claimed to have made 145 autopsies. What proportion did the real number bear to the reported one? What dependence can be placed upon the reported results?

†Wisconsin State Med. Soc. Transactions 1877, pp. 43-58. In his other paper Dr. Kempster describes "*stellate crystalline* bodies" with a nucleus and long processes, doubtless referring to the "Spinnenzellen" of Boll and Jastrowitz.

"Just how these spots originate is not yet well settled. They have been supposed to originate in the nuclei of the neuroglia or nerve glue, which fastens the nerve fibres together, and which consists of a delicate structure made up of cellular material but compact and strong. I am not prepared to state that they do not originate there, but from certain specimens in my possession and which I will show you, it will at once occur to you that the white substance of the brain must be principally made up of nuclei of neuroglia, and that there is little room for anything else, as the field of the microscope is completely covered by these small masses. They are from the 1-500 to the 1-4000 of an inch in diameter, are clear, of a grayish white color, and have no perceptible center or nucleus; the margins are distinct, and they maintain their individual relations notwithstanding the fact that they are sometimes found closely pressed together. In these minute growths I have failed to find any evidence of any known tissue, notwithstanding that they have been subjected to a prolonged and critical micro-chemical manipulation."

Others, which I have repeatedly produced in the brain of a healthy dog, are described as "miliary sclerosis," regarding which he gives the following, more than remarkable, explanation:

"Another peculiar feature observed, which I will allude to here, but speak of more fully hereafter, that is, that these large masses are found in tracts of nerve tissue previously affected with true sclerosis; and when they are found in sclerosed tissue the spot is not fibrous. When found in tissue not sclerosed they are fibrous. * * * * It is not unusual to find crystals lying upon the surface of the spot, but these are not at all characteristic and found in the normal brain tissue after treatment with alcohol."

One step further, and a little more of judicious comparison, and the writer would have discovered the true nature of the "lesion." He has the excuse or a precedent for his error, however. Some of the "lesions" described can be produced in the brain cortex after an examination of the tissues in the recent state has shown it to be healthy, and it can be produced by using alcohol on one specimen, while specimens from the same convolution hardened in bichromate of potash, or other reagents than alcohol fail to show it. What Dr. Kempster describes at the bottom of page 43, is the earlier stage of the same artificial precipitates which, in the middle of the same page and the first paragraph of the next, he describes as lesions of a different kind.

Further on (p. 56) the writer describes a change which, judging by the wood-cuts of the magazine article alluded to, I judge to have been based on the normal gigantic pyramidal cell of the supracentral lobule.

"There is one form of change but it is not of frequent* occurrence. In this form of disease the cell is enlarged, the *plasma* increases in quantity, and the cells appear to be stuffed. *The prolongations increase in diameter and are longer.*"

*The frequency of this "lesion" will depend on the frequency with which sections will be made from particular localities of the brain. I cannot suppress the wish that every reader of the Review may be provided with a due share of these "pathological," solitary, and gigantic nerve cells.

This exposition exhausts the answer to the question: What has been done by the Asylum Association and its members in behalf of the pathology of insanity? In a few words the answer to this question may be formulated as follows:

I. No symptom of insanity, no form of insanity, nothing essentially related to insanity, has been traced to its somatic basis at either of the two laboratories which pretend to carry on pathological investigations.

II. The technical and logical errors committed at these institutions are simply unparalleled; artificial precipitates, certain conditions always present in healthy brains, and normal constituents of the brain cortex have served as the basis of unphilosophical and random speculation.

III. The only tangible application ever made of these researches has been whether wilfully or through ignorance, to the *falsification* of the science of medical jurisprudence.

The latter serious charge I have made before, and like the other charges it has remained unanswered. With the consent of the editor of the Review, I shall within a reasonable period, substantiate it to the fullest extent if challenged.

Now as to the clinical contributions made by the Asylum Association. This subject can not be dealt with as objectively, or be made as clear to the non-psychiatrical reader as the one just concluded. I shall deal with it also more briefly, for less has been attempted here than in the field of pathology. In fact most of the clinical contributions made by members of the Asylum Association, are also more or less medico-legal in their character and do not fall strictly within the pale of that criticism.

An assistant at the asylum at Utica has discovered the panacea for insanity in phosphorus, which he states to occupy the same position with regard to the insane brain, that iron does to the blood in anæmia. Here is a case described as "General Paralysis of the Insane." I give it in full:*

"As a young man he was given to sexual excess; he has always enjoyed good health, is said to have had a chancre but no secondary symptoms. About two years ago he began to break down; he was sick for five or six months and under the care of Dr. ———. One and a half years ago had an attack of jaundice and general prostration, at this time he began to have sudden stoppages of speech. If he was talking, suddenly he would stop, and be unable to go on for a few moments. He says he knows perfectly well what he wanted to say, but appeared to have lost control of his vocal organs. This difficulty continued until six months ago, when he was treated by Dr. ——— and improved. Six weeks ago went West on a trip, dur-

*Shaw, General Paralysis of the Insane, clinically and pathologically considered, Proc. Med. Soc. of Kings County, Jan., 1880. For still more suggestive exhibitions of clinical and therapeutical skill by this superintendent, I may refer to my paper on epileptic insanity in the St. Louis Clin. Record for March, 1880.

ing which time he had only one stoppage of speech, which occurred last week while on his way home. He says he always knows when these attacks are approaching; there is blurring of vision with general numbness of whole body, accompanied by a general feeling of weakness, and they usually come on when he is excited from whatever cause. Examination—When he walks he does so slowly and with evident difficulty; left leg appears to be most affected. There is no dragging of feet, he lifts them but moves forward slowly and in a somewhat uncertain manner, and with apparent effort, bringing them down flat and heavily on the floor; he has a feeling of numbness in feet but no anæsthesia. For one and a half years has been completely impotent; sometimes has neuralgic pains in his legs, lasting in one spot for hours; sometimes has painful spasms of muscles of second toe of left foot; no formication but pricking at times all over upper and lower extremities; no vesical or rectal difficulty. He has a slight thickness of speech and tremor of facial muscles; has pain through forehead most of time. His legs always feel cold. There is no disorder of special senses (?); muscular strength in both legs good; upper extremities show, with a pretty stiff dynamometer R. 60–70 L. 70–50. Memory bad; emotional and irritable; no delusion, hallucination, etc. I observed this patient for many months after; all these symptoms increased. He eventually went into the country."

Another finds that one pupil is contracted in general paresis with expansive delusions, the other is contracted with depressing delusions.* The same paper, the clinical observations contained in which are made in a New York City asylum, concludes with a discussion of the pathology of the disease, which is contributed bodily (and so acknowledged) by the special pathologist of Utica.

There is no attempt made in any of our asylum reports at a thorough and exhaustive classification of the different forms of insanity. Monomania, rendered a classical form by the great Esquirol is stated to have no existence, on the quibble that there are no forms of alienation in which only one faculty or one perception is affected. Meynert and others have quite recently reestablished this diversion under a less objectionable name. Now granting that the term of Esquirol is objectionable, what terms do American superintendents employ to distinguish between ordinary chronic mania and the "primare verrucktheit," of the Germans?

It is where members of the Asylum Association have endeavored to wander into the higher walks of science that they have furnished their critics the most potent weapons. A recent course of demonstrations, in which the superintendent furnishing them got over the entire ground of insanity in four lectures, called into being the following gem of combined psychiatry and zoology.†

"Here is a negro whose feet look as if they were formed to clutch the limb of a tree, and it does not require a great stretch of the imagination to picture his ancestors, in no very remote generation, jumping from limb to limb of some African forest.

And with this return, if we may so call it, toward the appearance and form of other animals, there is an equally perceptible return in habit and action. *The place of intellect seems to be supplied by instinct*, and by it the behavior is apparently often governed. Thus in a recorded case, an idiot girl, having while alone and unattended, given birth to a child, turned, with the instinct of an animal, and gnawed the umbilical cord. *Commonly there is a consistent imitation of the habits of some one animal*, and its posture and movements will be assumed, and its habits copied even to the extent of showing a preference for whatever forms its natural food. I have read of a case where a woman lived and acted like a sheep and ate grass; and I know of a case where a young man has all the habits, and a good deal of the appearance, of a well-conducted horse. He harnesses himself to a wagon every morning and trots about all day, switching a tail which he has fabricated out of old rope, and so great is his consistency, that he never fails to shy at a wheelbarrow."*

Bucknill mentions cases of lunatics (chiefly imbecile) who believe themselves changed to toads, to oil-flasks, jump and flutter like frogs and bats, making all the while a sound like these animals. Esquirol reports that in a certain convent, the monks believed themselves to be cats, and at a certain hour of the day went through the performances of skipping about and caterwauling; I have seen patients who acted like and believed themselves to be steam engines, windmills, *et cetera*, and, if I were to apply the same argumentation running through the above extract, I might say "it requires no great stretch of the imagination to picture his (the patient's) ancestors, in no very remote generation, as an oil-flask, as a cat in some New York back-yard, or a frog in some swamp of the carboniferous epoch, or a toad in some muddy flat of New Jersey, or a steam engine in Birmingham, or a wind-mill on some Netherland dyke, or finally, a bat flitting through the darkness of some ruined castle on the Rhine, and so on *ad infinitum*."

Huxley, Darwin and Hæckel will doubtless appreciate the friendly assistance thus afforded them by Dr. Macdonald, but they will find the subject of the descent of man somewhat complicated thereby, for it is, to say the least, difficult to believe the ancestry of the human being to have started pentadactylous, become artiodactyle (sheep, according to the superintendent), monodactyle (horse, same authority), and then pentadactylous again!

Under these circumstances it is not to be wondered

* "General Paresis," by A. E. Macdonald, M.D., American Journal of Insanity, 1877.

†Clinical lecture on Dementia, Idiocy, and Imbecility, being the third of a course of four lectures upon the diagnosis of insanity. Delivered at the New York City Lunatic Asylum, Ward's Island, by A. E. Macdonald, M.D., Medical Superintendent. N. Y. Medical Record, Dec. 20, 1879.

*I take it for granted that there are no embellishments in this account!

at, that but one or two names of American asylum physicians are mentioned on the continent as having furnished a substantial *quota* to the science of Psychiatry; the most prominent of these, the immortal Rush, was not even a superintendent; another, Luther Bell, belongs to a past generation; a third, Isaac E. Ray, has earned a name in the not to be underrated science of forensic Psychiatry, a division of Psychiatry, which I do not profess to discuss within the over-crowded limits of this article; and a fourth, Pliny Earle, has been under the stress of circumstances, constrained to tear down rather than to build up, owing to the false claims, and ridiculous deductions based on *bogus* statistics which he has so meritoriously labored to overthrow.

Every one who will ponder these facts will come to the conclusion that it would have been as well if some of the outlay expended on the architecture of our asylums had been devoted to elaborating the cerebral architecture and mechanism of those occupying asylum positions.

The best apparatus, the richest material, the thinnest, most even, and extensive sections of the brain, the finest staining, and the most accurate photographic appliances go for naught, unless also scientific judgment and earnestness of purpose be prominent qualities of those possessing these advantages. It is easier to make sections of the spinal cord, to carminize them and to enumerate the changes, with the assistance of anatomical plates, than to make a carefu and logical study of symptoms, and to establish a relation between these symptoms and lesions, when the latter are found. All the pathological researches are to be considered but as a means to an end; and in the present state of mental science, a thorough knowledge of the normal and abnormal psycho-physiological processes and pertinent clinical observation, constitute far safer guides, in the noblest field of medicine, than evolutions from the inner consciousness of *dilettanti*, or such, based on misinterpreted or false pathological appearances.

Until this fact is recognized, the answer to the question heading this article will be: "The members of the Asylum Association have done absolutely nothing for the advancement of scientific Psychiatry within the last decade, the period of greatest activity in this branch, with their transatlantic colleagues."

If I am wrong, if I have done any injustice, or if I have been guilty of any misrepresentation, let the correction be made, openly and fairly, not through gossip, innuendoes, anonymous and other letters, and commonplace cant, to which resort has been had since these charges were first made two years ago.

130 East 50th Street, N. Y.

PARACENTESIS OF THE PERICARDIUM has been successful in forty-seven per cent of the cases in which it was practised, according to Dr. John Roberts, of Philadelphia, in his letter to the Chicago Medical Journal and Examiner.

THE CHANCES OF LIVING OF A SEVEN MONTHS FŒTUS AND OF AN EIGHT MONTHS FŒTUS.

BY EDWARD WARREN SAWYER, M. D.
LECTURER ON OBSTETRICS, RUSH MEDICAL COLLEGE.

The idea is entertained by the laity that a seven months' fœtus has a better chance of living than one of the eighth month. This, like many similar notions, has been received from the profession; in fact, representatives of the profession may even now be found who hold to the old idea. It is hardly necessary to say that the truth lies in just the opposite of the popular notion, and that observations show that the chance of living is progressively increased as the normal end of pregnancy is approached.

It is interesting to know that Hippocrates was the author of this idea, which has been continued through so many ages. It may also interest the readers of the Review to know the mode of reasoning employed by this great author to reach such an erroneous conclusion. This we have discovered in the *Histoire de la Medicine, par le Clerc, premiere partie*, published in 1729. From page 141 we have translated the following. In reviewing the writings of Hippocrates this historian says: "There is one of his books which is entitled, 'The Infant which is born at the Seventh Month;' and another which has for a title, 'The Infant which is born at the Eighth Month.' The first of these infants may live to the most advanced age, but not so the second, which, according to our author, must necessarily die on coming into the world, or at most, can only survive a short time. The reason which he gives for this difference is, that seven months after conception, the infant in the womb being perfectly formed and already strong, although it still may have some time to grow, moves more vigorously and thus relaxes, to a slight degree, the membranes which envelop it, in the same manner as the covering of some nuts is seen to gape some time before the kernel is ripe. It happens at times that this relaxation proceeding farther than the membranes can withstand, they rupture and the woman is forced into labor; and her delivery being premature, many infants born at this period die soon afterward. But, as has been remarked, the infant at this time having all the parts of his body well formed, may escape, and, with care, may be raised."

"Concerning those who still remain in the womb after this time, or after the relaxation of the membranes, Hippocrates supposes that the great exertions which the infants have made render them languid and ill for the succeeding forty days, so that if they are born in this interval, the new efforts which they are obliged to make in the sortie from the uterus overcome them and they are necessarily destroyed. On the other hand, those that pass this period, and particularly those that have an additional period of forty days to recover themselves, are born with all their forces, and survive very easily."

"The two periods of forty days each are the last of the seven periods, which Hippocrates assumes elapse from the moment of conception to the birth of the infant, which follows the ordinary laws of nature. He asserts, moreover, that if an infant does not accomplish the seven quadrenary periods entirely, which will extend the term of birth ten days beyond nine months, if we count, as he has done, thirty days for each month, he should at least have begun the seventh period, as those have done that come into the world during the ninth month. He believed also, respecting those infants said to be born at seven months, in order that they may live, it is sufficient that they have entered the seventh month; in fact, he places those born at the end of one hundred and eighty-two days and a fraction in the same class with those born at the completion of seven months, notwithstanding this number of days makes but six months and two days, according to his calculation, and lacks eighteen days of accomplishing the fifth quadrenary."

"The explanation of this notion of Hippocrates that an infant of the seventh month is more likely to live than one of the eighth, and that seven periods elapse, according to him, from conception to natural delivery, is that he regarded the number seven the most perfect of all. He attributed to this number a great importance not only respecting the formation of the body of the infant, and as to its birth, but also in relation to the life and death of all men, and to the maladies to which they are all subject; for he declares in one passage that the age of man, his life, is of seven days, or is regulated by the number seven, and that everything which happens to him or concerns his economy, is controlled with reference to the number seven or to septenary periods. In this he shared the opinion of Pythagoras, and with this philosopher recognized the laws of a certain harmony by which the universe is governed, and which is found in the combination or union of certain numbers of which the seventh is the most important. Whatever may have been the basis upon which Hippocrates relied to decide upon the infant born at the different periods which have been noted, it is a remarkable fact that his decision was followed by all the world, and his authority was the law for the jurists in the statutes which the Roman emperors made on this subject."

Such is the unscientific and superstitious foundation of this once popular idea, which is sufficiently refuted in the every day observation of medical practitioners.

THE HYPODERMIC INJECTION OF ETHER IN THE TREATMENT OF SCIATICA.

BY DR. W. T. SPEAKER, MT. MORRIS, ILL.

I have encountered several cases of sciatica in which the usual treatment of quinine, aconite, colchicum, iodide of potassium, counter-irritation and hypodermic injections of morphia, either produced no results at all, or only temporary results. The disease would sometimes be allayed for a short time and would then manifest itself with as much or with more violence than before. The following is my experience with the hypodermic use of ether:

Case I. A large, robust man, aged forty-five years, had been subject to sciatica every spring. April 23, 1879, I introduced twenty minims of sulphuric ether, throwing it deeply into the tissues of the thigh, as near as possible to the seat of pain. The injection was followed by considerable pain, which in a few minutes subsided, and marked relief from the pain of the sciatica was also experienced. On the following day, finding him much better, but not entirely relieved, I repeated the injection, using thirty minims instead of twenty. On the third day he was on the street, and although his pain previous to this treatment had been excruciating, he has for many months been free from any trouble with the sciatic nerve.

Case II. At about the same time a neighboring doctor employed the same treatment for the relief of a male patient who had been suffering from sciatica. In this case, as in the other, pure ether was introduced without resulting inflammation or abscess.

Hereafter my practice will be to introduce twenty or thirty minims, directly over the seat of pain, or as near it as practicable; and at once to apply to the part a mixture of one part of carbolic acid to two parts of glycerine. The object of this application is the prevention of possible inflammation and abscess.

ERYTHEMA OR URTICARIA?

BY H. M. BANNISTER, M.D., CHICAGO.

In the *Deutsche Medicinische Wochenschrift*, No. 17, of this year, Dr. G. Goltz, of Ems, describes a case which, from its resemblance in certain points to one that recently came under my own observation, has ininduced the present note. He calls it a peculiar form of erythema, and his account of it, in brief, is as follows: A diplomatist, aged 30, slender built, anæmic, with a history of slight scrofula in childhood and a chronic tendency to throat troubles, called upon him at the instance of Herr Geheimrath Leyden, to consult as to the use of the Ems waters. A year previously he had been treated in Paris for urticaria involving the throat, and still subsequently in Berlin, when the throat difficulty was so serious that preparations were made by Drs. Leyden and Von Langenbeck for tracheotomy.

When first seen by Dr. Goltz he was suffering from a granular pharyngitis. Later he began to have difficulty in swallowing, and in a few days the pharynx was almost entirely closed by an œdematous swelling of the soft palate and uvula, which, however, did not interfere with respiration. Relief was obtained by punctures with a bistoury, and alum applications, but this was followed by œdematous swelling of the scrotum, and reddish swellings on the forearms and the thighs, showing a whitish trace after pressure,

but not itching, and accompanied only with a feeling of tension of the skin. The French physicians had called the case one of urticaria, but the German author holds that this is not correct; nor could it, he thinks, be called erysipelas as fever was wanting. He considers that it more properly comes under the head of erythema, and publishes it as an illustration of how an ordinarily comparatively harmless disease may take on phases that require the most energetic therapeutic measures.

My own observation is as follows: Mr. P., aged 37, carpenter, sent for me on the morning of March 29. I found him suffering considerable discomfort from swelling of the limbs, attended with a sort of burning or itching, and from headache. He had long been subject to occasional severe migrainous attacks, from one of which he was just recovering, and had been unable to sleep for two nights. For years he had been subject to pruritus, worst in the winter, and had had a year previous an attack somewhat like the present one, which lasted for one or two weeks. He was a pretty well-built man but looked debilitated, and on his forehead were one or two urticarial appearing wheals, angry red at the circumference, paler in the center, the larger one about the size of a quarter of a dollar. His body showed numerous scars from scratching and on the calves of both legs there were tense reddish swellings eight or nine inches long by four or more wide, occupying the outer and posterior surfaces, as I remember, more than the inner. They were attended with a burning sensation, but he did not appear to scratch them so much as some other parts of his body where there were no swellings or discolorations. Drawing the the finger over the tense surface produced a white trace lasting a second or more. Besides his uncomfortable sensations already mentioned he was suffering from general *malaise* and felt altogether disabled. I diagnosed the case as one of urticaria, though I felt somewhat dubious in regard to it, prescribed a purgative and local applications, also a sleeping mixture, and left him for the day. The next day I found him much more comfortable, he had slept well and his headache was gone; the swelling, however, still continued, and one eye was nearly closed from œdema of the lids. I now put him on a mixture of iron and strychnia, tried to regulate his diet, and for a day or two he seemed to be improving. Then the swellings reappeared on both arms, involving the whole of the right forearm and the right hand, and also a very large space in the left lumbar region. There were also very slight febrile symptoms and the patient was absolutely miserable. The urine, examined about this time, was normal. He began to improve again, however, for a day or so, when he was suddenly taken with distress in his throat. Not expecting to find me at home, as I had told him I should be out of town, he went to Dr. N. S. Davis, who gave him a prescription containing arsenic. The throat trouble continued through the night, and the next morning I found him sitting up in bed unable to speak above a whisper, and that only with difficulty. Respiration was not interfered with to any extent. Causing him to open his mouth wide and elevate his palate, the uvula popped forward, appearing almost as large as a man's thumb, tense and glassy. I immediately snipped the uvula in several places with the scissors, which gave him almost complete relief within fifteen minutes. As there was still considerable œdema elsewhere about the pharynx, I felt a little anxious about the case lest it should extend to and involve the glottis. But from this time on he rapidly improved and returned to work, the whole illness lasting not over two weeks. Since that time, however, he has still suffered from pruritus and swelling of the feet and other parts and his uvula remained so elongated after the œdema disappeared that it had to be clipped. After all the swelling had gone down in the lumbar region, the redness remained for some days.

As regards the antecedents of this case, I learned that during the war, in 1862 or 1863, he had suffered severely from scurvy while serving on the lower Mississippi. There were a couple of round, depressed scars on the leg that were due to sores occurring about that time, but there was no history of specific disease. He had never been perfectly well since the war, and referred his pruritus to the results of his scorbutic trouble.

It will be seen that there are some points of difference between this case and that reported by Goltz, but they have features enough in common, for each to strongly suggest the other. The swellings were much more extensive in the case of Mr. P., and were accompanied with a burning sensation, while in the other case there was only a feeling of tension of the skin. The œdema of the palate and pharynx was apparently the same in both, but in one case it preceded and in the other succeeded the external skin trouble. At one time there was a very slight febrile movement in my case, and also some very natural looking urticarial wheals at its commencement. While at first I called the case one of urticaria, I later doubted the correctness of this reference, and, when the slight fever appeared, even began to think I had on my hands a rather peculiar form of wandering erysipelas. There was no subsequent scaling of the skin, however, and the fever was scarcely noticeable. The case seems a little nearer to urticaria than that given by Goltz, and yet they seem essentially the same disease, and its history may throw some light on the diagnosis of the French physicians. The appearance of his paper is the reason for my reporting it.

Fish Bones lodging in the pharynx are rendered flexible and are finally broken up by a mixture of four parts hydrochloric, or one part nitric acid, to two hundred and forty of water, used as a gargle, the teeth being protected by oil or lard. (Prof. Voltoline in Monatschrift, f. Ohrenheilkunde.)

CORRESPONDENCE.

BELLEVUE HOSPITAL REPORTS.

NEW YORK, June 15, 1880.

Foreign Body in the Larynx—Removal.—A child, fourteen months old, was brought into the hospital suffering with pain in the throat and slight dyspnœa, as evidenced by his crying and putting his hand to his throat. The mother said that two weeks ago the child had been playing with a jack-stone, had put it into his mouth, and when she attempted to remove it the boy swallowed it, as she supposed. A mild cathartic had been given and the stools examined, but as the jack-stone had not been found, and the child continued to cry a great deal, she brought him to the hospital. On examination nothing could be felt externally, but when the finger was introduced into the mouth and passed down the entrance of the larynx a hard body was felt projecting from below. As it could not be reached with the finger, the child was put under ether, and a pair of curved forceps was carefully inserted behind the epiglottis and into the larynx, when the foreign body was grasped and, with little difficulty, extracted. It proved to be a jack-stone of small size. The remarkable feature of the case was the fact that it had remained in the larynx for two weeks without causing any objective symptoms of importance, or setting up any inflammation. Its removal has been followed by perfect relief from the slight symptoms of pain, and the child is now well.

Compound Comminuted Fracture of Skull with Depression.—The patient, a male, aged 40, came into the hospital for treatment of a scalp wound received two days previously, caused by a falling stone. It was situated upon the parietal bone two inches above and behind the ear. The wound had been closed and dressed at the time of the injury. When the dressing was removed, considerable œdema was found about the lacerated scalp; it was, therefore, opened up, dressed with Balsam of Peru, and the lips of the wound kept apart by oakum. The patient complained of slight headache, but had no other symptoms. He was allowed to go home, and returned daily for several days to have the dressing renewed. The œdema subsided rapidly, but as the wound did not heal readily, a more careful examination was made and a compound comminuted fracture with depression was discovered. The diagnosis having been made by Dr. J. R. Wood, an operation for removal of the fragments of bone was performed at once, and by elevators and bone forceps a portion of both tables to the extent of one and one-half square inches was taken out, the dura mater being left uninjured. The wound was dressed with Balsam of Peru, the lips kept open, and free drainage allowed. The patient was put to bed, and everything went well for twenty-four hours. On the second day the patient had a hard chill, followed by a temperature of 105°. The dressings were removed, ice water was applied to the wound, and quinine in antipyretic doses given. On the third day erysipelas set in, beginning with a slight red blush about the wound, and extending in the course of three days to the whole scalp and face. As it spread, however, it decreased around the original seat, and by the time it had reached the lower part of the face it had wholly subsided about the wound. Lead and opium wash was applied freely to the inflamed parts and quinine grs. x t.i.d. with tr. ferri. chloridi m xii t.i.d. was given regularly. The wound was dressed with carbolized oil (1—16) and antiseptic dressings. In three weeks from the day of operation the erysipelas had fully subsided. At no time after the initial chill did the temperature rise above 101°. The pulse was good throughout, never reaching 100, and respiration was normal. The condition of the patient was capital, appetite and digestive power good, liquid diet being used, and rest at night was quiet without sedatives. The quinine and iron were reduced gradually. At the beginning of the fourth week the wound was granulating from the bottom and looked healthy. It continued to granulate and heal, and at present, two months after the operation, it has nearly closed. The patient is up and about and says he feels as well as possible.

There are several points of interest in this case which may be noted. I. There were no objective symptoms of any importance to lead to the suspicion of a depressed fracture. The headache was slight and the patient when questioned said it was no more than he often had. The usual signs of compression of the brain were wholly wanting. At no time was there any paralysis or anæsthesia, or any mental disturbance. II. The amount of bone taken away was much greater than is usually necessary; but in this case the comminution was such as to require its removal. III. The erysipelas, though beginning in the wound, soon left it; and, though extending over scalp and face, did not produce any thrombosis of the veins in the diploë or of the cerebral sinuses. IV. At no time was there any sign of a complicating meningitis. V. The rate of recovery was rapid; and, considering the character of the injury, the severity of the operation, and the existence of the complicating inflammation, the termination was remarkably fortunate.

Acute Rheumatism—Treatment by Benzoate of Soda. Attention having been drawn to several recent articles in foreign journals on the use of benzoate of soda in acute articular rheumatism, Dr. Austin Flint introduced it into the hospital with a view of testing its alleged efficacy. The following records of two cases will be of interest:

Case I. Male, aged 26. The patient suffered from a severe attack of rheumatism six years ago, at which time all his joints were affected. He has had lesser attacks several times since. The present attack began May 8, in his knees, and extended to the other joints in succession. He came into the hospital May 10,

suffering greatly. There was no evidence of previous heart complication. The patient was put at once upon the use of benzoate of soda in doses of twenty grains every three hours. His temperature was watched carefully as it was regarded as the criterion of any favorable result. It was as follows: May 11, A. M., 102°; P. M., 103°; May 12, A. M., 102°; P. M., 102.25°; May 13, A. M., 101°; P. M., 103°; May 14, A. M., 100°; P. M., 102°. This range of temperature showed at once that the large doses of the drug failed to control the fever, although they may have modified it slightly. On the 14th, therefore, salicylic acid, grs. xx, every three hours, was added to the benzoate of soda, and the result was evident in the temperatures of the 15th, which were, A. M., 99.5°; P. M., 100°, and the 16th, A. M., 99°; P. M., 99°.

Case II. Female, aged 27. Patient had suffered from several attacks of rheumatism and had a well marked endocardial murmur. She was compaining of pains in the joints when she entered the hospital. Urine was dark colored, acid, sp. gr. 1024, and contained urates but no albumen. Temperature 102°. Diagnosis of rheumatism having been made, Dr. Flint ordered sodæ benzoatis grs. xx. q. 3. h. It was continued for three days, during which the patient became worse. The pains were not relieved and the temperature remained high, reaching 103° on the evening of the third day, which was 1° higher than when the patient was admitted. Benzoic acid, grs. viij, every two hours, was then substituted for the benzoate of soda, but without appreciable results. After two days it was stopped and the salicylate o soda, grs. xx. q. 3. h., was begun. The next day the patient was free from pain and the temperature was only 1° above normal. A few days after, she was discharged, cured.

These cases, which are selected from a number of others, are sufficient to demonstrate the failure of the benzoate of soda in acute rheumatism. It neither reduced the temperature materially nor relieved the pain. Hence its use cannot be recommended, while on the other hand, the salicylate of soda in large doses proved efficacious in the very cases in which the benzoate had been found useless, thus establishing its reputation as the most efficient, prompt, and reliable of the remedies in use in this disease.

In all cases of rheumatism, after a cure has been effected, Dr. Flint recommends the continued use of bicarb. of soda for several weeks, enough being taken to render the urine alkaline. He considers this of importance as a prophylactic against a recurrence of the disease.

Benzoate of Soda in Phthisis,—This remedy, first recommended by Kroczak in the Vienna Medical Press, and more recently by Rokitansky, has attracted much attention among practitioners here, and some discussion regarding its merits has been awakened. Authors differ as to the manner of its administration, some advocating inhalation of a spray, others holding that its action is as well secured by administration by the stomach. The remedy is being tested very thoroughly in Bellevue hospital, the number of phthisical patients being considerable. It has been used all winter, in most cases having been given by the stomach in doses of grs. xxx to ʒ j, three times a day. It is given in aq. cinnamonii and glycerine equal parts, or in syr. aurant. flor. It does not disagree with the stomach or interfere with digestion. As far as the results can be ascertained at present they are wholly negative as regards its efficacy in cases of phthisis. It does not affect the cough. It does not reduce the temperature of the hectic fever. It does not check the night sweats. In fact it seems utterly powerless to alter the course of the disease, and is probably soon to take its place among the endless list of specifics which do *not* cure consumption.

S.

Cyst of the Arachnoid. — At a meeting of the Pathological Society of London, reported in the Medical Times and Gazette of May 8, Dr. Ewart exhibited a ramifying cyst of the arachnoid, which, seated on the inferior face of the right frontal lobe, sent its processes into the cerebral substance. The cerebral arteries presenting several anomalies on that side of the brain, it was considered that the cyst was a congenital malformation. The reporter remarked that it was strange in the light of this explanation, that the symptoms, which were such as are often found with cerebral tumors, were not developed until the patient had reached his twenty-eighth year.

Henry Raymond Rogers, M.D., in the Hospital Gazette, reviews the symptomatology and pathology of cholera, as favoring the theory of its being a true neurosis. Dr. J. S. Jewell ventured this view many years ago, and gave reasons more in detail than those advanced by Dr. Rogers. The treatment advocated by the latter consists of hypodermic injections of morphine, one-eighth to one-quarter grain, not frequently repeated; head inclined lower than the body; ice ad libitum and nothing else internally; externally, heat, friction, etc. He claims that the same treatment is indicated in cholera morbus.

Symmetrical Gangrene in the Pectoral Region, preceded by hemorrhagic spots in the affected and other parts of the body, has been noted in the case of a middle-aged man, by Dr. Petri. (Berliner klinische Wochenschrift, 1879, No. 34.) At the time the gangrenous bullæ developed, previous to the separation of the symmetrical sloughs, alarming symptoms of collapse appeared. But the patient eventually made a good recovery, cicatrization being completed six months after the first febrile symptoms.

Aneurism of the ascending aorta has recently been successfully treated by electrolysis, by M. Bucquoy, of Paris, according to the Gazette des Hôpitaux.

REVIEWS.

A Guide to the Practical Examination of Urine, for the use of Physicians and Students, by James Tyson, M.D., Professor of General Pathology and Morbid Anatomy, in the University of Pennsylvania, etc. Third Edition. Philadelphia: Lindsay and Blakiston. Chicago: Jansen, McClurg & Co., 1880, $1.25.

The excellence of this manual of urinalysis is evidenced by the necessity of the issue of a third edition so closely following the second. The chief changes noticeable are corrections of certain inaccuracies and typographical errors, which appeared with the former editions, and the introduction of some new illustrations. One improvement might be suggested, which would be of considerable assistance in the preliminary examination of urine: namely, the introduction of a table of colors of urine, similar, to Vogel's table given in Neubauer and Vogel's work on examination of urine.

Atlas of Human Anatomy, containing 180 large plates arranged according to Drs. Oesterreicher and Erdl from their original designs from nature and those of twenty-eight of the most eminent anatomists, with full and explanatory notes by J. A. Jeançon, M.D. A. E. Wilde & Co., Publishers, Cincinnati, Ohio.

We have received the prospectus and three numbers of this very important work. The express object of the publishers is to represent the anatomy of man in size and form which ordinary works on anatomy fail to furnish. Judging from the numbers before us, we may say that the promise of the publishers has thus far been fulfilled. In the delineation of figure and in the clearness with which each tissue, organ and part is defined, and in the manner of arrangement, the atlas leaves little to be desired. As a representation of the anatomy of man, it is as satisfactory as anything short of the actual dissection could well be. The work will be of great value to surgeons who do not have ready access to anatomical material, and who are, therefore, compelled to depend upon illustrations. The publishers have promised in this work, to describe with considerable fullness, anomalous distributions in number, position and arrangement of vessels, nerves, and muscles, and also to represent the microscopic anatomy wherever needed for purposes of illustration and explanation. The price of the work is low, it being complete in forty five parts at seventy-five cents each. It is sold by subscription.

Post Mortem Examination with Special Reference to Medico-Legal Practice. By Prof. Rudolph Virchow, of the Berlin Charité Hospital. Translated from the second German edition by Dr. T. P. Smith, Philadelphia: Presley Blakiston; Chicago: Jansen, McClurg & Co.

Whatever comes from Virchow merits our serious attention. Not that he is infallible, but because his work always bears the stamp of a great mind. Even such of his works as have been disproven and discarded by the exaction of science, will doubtless be read by the true student a hundred years hence, because it is always a pleasure to review the thoughts of such a brain. The little book under consideration contains only one hundred and forty-five pages, but every page is valuable. The author insists upon such order and sequence in the conduct of autopsies that nothing which could throw light on the cause of death shall be omitted. The thoroughness urged in this book contrasts very strikingly with the absence of thoroughness so common in autopsies as usually made. Three hours are considered sufficient even in the more complicated cases, for thorough examination if proper system and sequence be observed. This department of medicine is much neglected in the schools and in practice, but its importance is not liable to be everestimated. The book, therefore, may well find its way into the hands of every doctor who desires to become familiar with a systematic and satisfactory method of making autopsies. The price is surprisingly low, only fifty cents.

The Student's Manual of Venereal Diseases. Being the Lectures Delivered at Charity Hospital, B. I., 1879–80. By F. R. Sturgis, M. D., etc. New York: G. P. Putnam's Sons. Chicago: Jansen, McClurg & Co. Price, $1.25.

In turning the pages of the "Student's Manual of Venereal Diseases," we are not overjoyed to notice the evident and quite successful effort of the author to seize upon, and crowd into the smallest compass the great cardinal facts of the subject of which he treats. If the reader's mind is already possessed of a tolerably clear and full picture of the whole movement of syphilitic studies since the day when Ricord entered the Hôpital du Midi, he may be refreshed somewhat by the perusal; but if the culture and spirit of the medical teacher to-day, is seriously engaged in presenting to the world something better in the medical graduate, then the *Practical Doctor*, who proposes to take his degree in two terms, with ten months of study, and then locate himself in Leadville, or the Hot Springs, to "cure" the prevailing ills of the neighborhood, then the schools have no need of this "handy volume series of medical literature." And the student has as little need of such a work as the school, for it is to be presumed that the students of the Medical Department of the University of New York, for example, to whom this book is dedicated, do not engage in the clinical study of venereal diseases in their first course, but when they have progressed to the proper period for their consideration; it is also to be presumed that they are ambitious enough to give their attention, by diligent study, to the work of a master, who, like Bumstead is so thorough a teacher that he looks at all sides of a question, and presents and discusses the experience and studies of all men and times; and who is so great a practical man that he may confine himself to the limits of his own great personal experience for

material to illustrate his teaching. Such a student will have no use for the "Pocket Remembrancer." Exception may be taken here and there to the literary style of the work. For example, "When you come to *handle* cases of syphilis," page 9, is neither dignified, scholarly or professional. But we have grumbled enough. The typography is excellent.

D.

WOODS LIBRARY: A HANDBOOK OF PHYSICAL DIAGNOSIS, comprising the Throat, Thorax and Abdomen, by Dr. Paul Guttmann of the University of Berlin. Translated from the third German edition by Alex. Napier, M. D., Fel. Fac. Phys. and Surg., Glasgow, with a colored plate and and eighty-nine wood-cut engravings. New York: William Wood & Co.; Chicago: W. T. Keener.

The translation of this work into five languages; Italian, Russian, Spanish, French and English, and its three editions give evidence of a vitality which could not be the part of a worthless book. Its success has probably depended upon the author's attention to minute detail in the arrangement and discussion of the subjects treated. The general arrangement is characterized by a system, which has enabled the author to compress into a small book, a large amount of severely classified knowledge. Unlike many other books in physical diagnosis, this everywhere dwells expressly on the logical causes and results of recognized phenomena. A very important chapter is that on the much neglected subject of examination of the sputa. The author properly gives to this subject great importance in diagnosis of diseases, almost as much importance as is given to examination of the urine and other excreta in the diagnosis of the diseases of those organs from which the excreta proceed. The book, though not very full, is yet not unsatisfactory. Using the word practical in its best sense, the book will be found of great value to the practical man. It requires more study on the part of the reader than the more popular work of Loomis. It will hardly be appreciated by the variety of the "practical doctor" who follows in his reading the same lack of method and thoroughness which characterized the two short courses of lectures and the lax examination which made him a doctor. The book has been written in the heavy, thorough style of the Germans, is closely printed and contains 335 pages.

THE ST. PAUL MEDICAL COLLEGE, recently organized starts off for the session of 1880–81 with a course of graded instruction extending over four years. This is in striking contrast with the illiberal spirit which characterizes the action of so many of our low grade schools when vainly pondering on the threadbare subject of raising the standard. The following named gentlemen comprise the faculty of the only college in the United States which requires a graded course of four years: Alex. J. Stone, M.D., President; Francis Atwood, M.D.; Chas. A. Wheaton, M.D., Dean; Jas. Davenport, M.D.; F. Dedolph, M.D.; Jay Owens, M.D.; Talbot Jones, M.D.; Ernst F. Horst, M.D.; F. A. Dunsmoor, M.D.; Geo. F. Weitbrecht, B.A.

ERROR.—A prescription contained in the contribution of Dr. Clevenger, published in the last number of the Review, confounds drachms with ounces; i.e. wherever the ounce signs is used, the drachms signs should be substituted.

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS.

CONDENSED STATEMENT OF MORTALITY

IN THE CITY OF CHICAGO, FOR THE MONTH OF MAY, 1880.

Oscar C. DeWolf, M. D., Commissioner of Health. M. K. Gleason, M. D., Registrar of Vital Statistics.

AGES.

Under 5 years	421	From 10 to 20 years	31	From 80 to 90 years	6
" 1 year	238	" 20 to 30 "	56	" 90 to 100 "	1
From 1 to 2 years	81	" 30 to 40 "	48	100 years and upwards	0
" 2 to 3 "	45	" 40 to 50 "	45	Unknown	0
" 3 to 4 "	31	" 50 to 60 "	37		
" 4 to 5 "	26	" 60 to 70 "	34	Total	756
" 5 to 10 "	55	" 70 to 80 "	22		

WARDS.

1st Ward	11	9th Ward	16	17th Ward	55
2d "	19	10th "	30	18th "	24
3d "	7	11th "	25	Public Institutions	60
4th "	31	12th "	20	Deaths by Violence	23
5th "	65	13th "	27	Unknown	0
6th "	58	14th "	116		
7th "	43	15th "	38	Total	756
8th "	49	16th "	39		

COMPARATIVE MONTHLY MORTALITY.

	May, 1878.	May, 1879.	April, 1880.	May, 1880.
Mortality	486	555	885	756

1.512 deaths in 1,000. Annual rate per 1,000, 18.14.

ESTIMATED POPULATION TO JAN. 1, 1880, 500,000.

CLASS I.

ZYMOTIC.

ORDER 1—*Miasmatic.*

Cholera—Asiatic	...
Cholera—Infantum	16
Cholera—Morbus	3
Colitas	1
Croup	34
Diarrhœa	2
Dysentery	7
Diphtheria	44
Entero-Colitis	5
Erysipelas	5
Fever—Cerebro Spinal	12
Fever—Congestive	...
Fever—Typho-Malarious	2
Fever—Hectic	1
Fever—Intermittent	...
Fever—Rheumatic	...
Fever—Remittent	5
Fever—Scarlet	27
Fever—Typhoid	8
Fever—Typhus	2
Measles	13
Pyæmia	2
Septicæmia	7
Small Pox	4
Varicella	...
Whooping Cough	8

ORDER 2—*Enthetic or Inoculated.*

Hydrophobia	...
Malignant Pustule	...
Syphilis—Congenital	...

ORDER 3—*Dietetic.*

Alcoholism—Chronic	...
Alcoholism—Mania a potu	1
Inanition	26
Purpura Hæmorrhagica	...

ORDER 4—*Parasitic.*

Aphthæ	...
Hydatids	...
Tænia	...
Trichinosis	...

CLASS II.

CONSTITUTIONAL.

ORDER 1—*Diathetic.*

Anæmia	1
Bronchocele	...
Cancer	...
Cancer—Breast	3
Cancer—Rectum	2
Cancer—Bowels	...
Cancer—Parotid gland	...
Cancer—Stomach	5
Cancer—Uterus	3
Cancer—Scrotum	1
Cancer—Testicle	1
Cancer—Hand	1
Marasmus—Senile	2
Marasmus—Infant	5
Rheumatism	3

ORDER 2—*Tubercular.*

Abscess Psoas	...
Gangrene	1
Hydrocephalus	10
Ill Defined	...
Phthisis Pulmonalis	64
Scrofula	...
Tabes Mesenterica	3
Tubercular Bronchitis	...
Tubercular Enteritis	...
Tubercular Laryngitis	...
Tubercular Meningitis	5
Tubercular Nephritis	...

CLASS III.

LOCAL.

ORDER 1—*Nervous,*

Atrophy—Brain	1
Apoplexy—Cerebral	4
Apoplexy—Pulmonary	...
Concussion—Brain	...
Congestion of Brain	9
Convulsions—Infantile	68
Cerebritis	2
Dementia-Chronic	1
Encephalitis	4
Epilepsy	3
Exhaustion	3
Hemiplegia	...
Inflammation of Brain	...
Laryngismus Stridulus	1
Meningitis	26
Myelitis	2
Paralysis	2
Phrenetis	1
Softening of Brain	1
Tetanus	2
Sunstroke	1
Trismus Nascentium	...
Prog. Muscular Atrophy	1

ORDER 2—*Circulatory.*

Aneurism	2
Aneurism—Thoracic Artery	...
Dropsy General	3
Dropsy of Heart	1
Embolism Cerebral	1
Embolism	1
Fatty Degeneration of Heart	1
Hypertrophy of Heart	1
Heart, Organic dis	8
Heart, Rheumatism of	3
Pericarditis	1
Valvular Disease of Heart	3
Endocarditis	...

ORDER 3—*Respiratory.*

Asthma	4
Bronchitis	20
" Capillary	18
Broncho-pneumonia	5
Emphysema	...
Hepatization—Lungs	2
Pleuritis	2
Congestion of Lungs	10
Empyema	...
Laryngitis	3
Oedema Lungs	3
Oedema Glottidis	...
Pneumonia	63
Pleuro-pneumonia	...
Hæmoptysis	1
Influenza	1

ORDER 4—*Digestive.*

Abscess—Liver	1
Bowels—Invagination	1
Cirrhosis of Liver	3
Colica Convulsiva	...
Enteremphraxis	...
Enteritis	18
Fatty Degeneration of Liver	...
Gastro-Enteritis	6
Gastritis	6
Hemorrhoids	...
Hepatitis	2
Hypertrophy—Liver	...
Icterus	...
Peritonitis	2
Stomatitis	1
Typhlitis	1
Ulceration of Stomach	3
" Bowels	...

ORDER 5—*Urinary.*

Congestion—Kidney	...
Albuminuria	16
Diabetes Mellitus	...
Nephritis	2
Cystitis	1
Uræmia	
Strictura—Urethræ	...

ORDER 6—*Generative.*

Cellulitis Pelvic	1
Metritis	2
Metro-Peritonitis	...
Ovarian Tumor	...
Uterine Tumor	1
Uterine Hemorrhage	1

ORDER 7—*Locomotory, Osseous.*

Caries of Vertebræ	...
" Pelvis	1
Otitis	1
Necrosis	...
Rachitis	...
Spine; Pott's Dis	1

ORDER 8—*Locomotory, Integumentary.*

Carbuncle	1
Eczema	...
Lupus	...
Sclerema	...
Adenitis	1

CLASS IV.

DEVELOPMENTAL.

ORDER 1—*Children.*

Atelectasis Pulmonum	1
Atresia Ani	...
Congenital Deformity	1
Cyanosis	1
Debility—Infantile	3
Dentition—Difficult	1
Hemorrhage Umbilical	...
Icterus Neonatorum	1
Tedious Birth	...

ORDER 2—*Women.*

Miscarriage	1
Abortion	...
Hemorrhage, Post-Partum	2
Leucocythemia	...
Mastitis—Acute	...
Placenta Prævia	...
Phlegmasia Dolens	...
Pregnancy—Albumin'a	...
Pregnancy—Uræmia	1
Pregnancy—Vomiting	...
Puerperal Convulsions	2
Puerperal Mania	...
Puerperal Metritis	...
Puerperal Peritonitis	1
Puerperal Septicæmia	...
Tedious Labor	1

ORDER 3—*Old Age.*

Debility—Senile	11
Gangrene—Senile	...

ORDER 4—*Nutrition.*

Asthenia	...
Atrophy	...

CLASS V.

VIOLENCE.

ORDER 1—*Accident.*

Burned	...
Crushed	1
Drowning	3
Exposure	1
Fracture of Skull	1
Fracture of Spine	1
Gun Shot	...
Suffocation	1
Concussion—Brain	1
Chloroform—in Surg. Op	1
Lightning	1
Hemorrhage	...
Run over by wagon	1
Scalding	1
Shock from R R Accident	6
" " Street Car "	...
" " Surg. Operation	...
Wound by fall	1

ORDER 2—*Homicide.*

Homicide by Shooting	...
Infanticide by	...
Manslaughter	...
Murder	...

ORDER 3—*Suicide.*

Cutting Throat	...
Drowning	...
Gun Shot	2
Hanging	2
Poisoning by Laudanum	1
Poisoning by Morphine	1
Poisoning by Strychnia	...
Unknown	1
Deaths	756

PREMATURE BIRTHS, 23. STILL BIRTHS, 51.

BOOKS AND PAMPHLETS.

Edward W. Jenks, M.D., L.L.D. The Treatment of Puerperal Septicemia by Intra-Uterine Injections. Reprint from Vol. IV. Gynecological Translations, 1880.

Coccygodynia. A Lecture Delivered in Chicago Medical College, March 20, 1880. Reprinted from the Medical Record, April 17, 1880.

Perineorrhaphy, with Special Reference to its Benefits in slight Lacerations, and a Description of a New Mode of Operating. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children, April, 1879.

H. W. Wiley, M.D. Detection of Hydrochloric Acid by Sulphuric Acid and Acid Potassium Chromate. Reprinted from American Chemical Journal, Vol. 2. No. 1.

Indiana State Board of Agriculture. The Relations of Agriculture to Science. Reprinted from proceedings, 1880.

A Method of Preventing the too Rapid Combustion of Carbons in the Electric Lamp. Reprinted from the American Journal of Science and Arts, July, 1879.

James Tyson, M.D. A Guide to the Practical Examination of Urine, for the use of Physicians and Students. Philadelphia; Lindsay & Blakiston; Chicago, Jansen, McClurg & Co.

State University. Catalogue and Circular of the Illinois Industrial University, Urbana, Champaign Co., Ill., 1879-80.

J. Marion Sims, M.D., L.L.D. The Bromide of Ethyl as an Anæsthetic. Read before the New York Academy of Medicine, March 18, 1880, with Discussion on the same by Drs. Levis, Philadelphia; Squibb, Dalton, Post, Piffard, Little, Wylie, and Roberts, (Philadelphia).

A. Trosseau, M.D. and H. Pidoux, M.D. Treatise on Therapeutics. Vol. I. Ninth Edition, revised and enlarged, with the assistance of Constantine Paul, M.D. Translated by D. T. Lincoln, M.D., Vol. V. Wood's Library of Standard Medical Authors. New York: Wm. Wood & Co., 1880; Chicago, W. T. Keener.

John K. Allen. Alphabetical Hints on your Health.

Therapeutic Gazette. On Fluid Extracts as proposed for the coming Pharmacopœia. Reprint from the Therapeutic Gazette. April, 1880.

C. L. Ingersoll. Progressive Agriculture. Reprinted from Proceedings Indiana State Board of Agriculture, 1880.

Saint Paul Medical College. Annual announcement of the Saint Paul Medical College, Medical Department of Hamline University of Minnesota.

L. S. Pilcher, M.D. Further Contributions to the Study of Fractures of the Inferior Extremity of the Radius. Differentiation of Longitudinal and Transverse Fractures and the Causes which produce them.

A. Reeves Jackson, M.D. Laceration of the Cervix Uteri. Read before the Chicago Medical Society, July 7, 1879. Reprinted from the Chicago Medical Journal and Examiner, August, 1879.

THE ARMY.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from May 29 to June 12, 1880.

Vollum. E. P., major and surgeon, Having reported in person at these Headquarters, is assigned to duty at Ft. Hamilton, N. Y. H. S. O. 84, department of the East, June 1, 1880.

Irwin, B. J. D., major and surgeon.. To be relieved from duty at Ft. Meade, upon return to that post of assistant surgeon Beechemin, and then to report in person to the commanding officer, Ft. Snelling, Minn., for duty as post surgeon. S. O. 63, department of Dakota, May 27, 1880.

Happersett, J. C. G., major and surgeon. Granted leave of absence for three months, to take effect when relieved from duty in department of the East. S. O. 118, A. G. O., May 28, 1880.

Bartholf, J. H., captain and assistant surgeon. Relieved from duty in department of California and assigned to duty in department of Columbia, S. O. 123, A. G. O., June 4, 1880.

Weisel, D., captain and assistant surgeon. Granted leave of absence for four months. S. O. 122, A. G. O., June 3, 1880.

Byrne, C. B., captain and assistant surgeon. Assigned to duty at Fort Johnson, N. C., relieving assistant surgeon V. Havard, who will comply with S. O. 7, C. S., A. G. O., in his case. S. O. 74, department of the South, June 1, 1880.

Reed, W., lieutenant and assistant surgeon. Granted leave of absence for one month with permission to apply for an extension of two months. S. O. 124, A. G. O., June 5, 1880.

Hall, Wm. R., first lieutenant and assistant surgeon. To proceed to Fort Hays, Kansas, and report to Major Noyes, Fourth Cavalry, for duty with troops ordered to New Mexico. S. O. 113, department of Missouri, May 26, 1880.

Gray, Wm. W., first lieutenant and assistant surgeon. Relieved from duty at Fort Point, California, and to return to proper station, Vancouver Barracks, W. T., by steamer on 31st inst. S. O. 75. Division Pacific and department of California, May 26, 1880.

St. Louis Death-Rate.—The cause of the disproportionately low death-rate of St. Louis, is now manifest. It has always been made up on an estimated population of 500,000, but the United States census enumeration just completed gives the city by the bridge only a contents of 375,000. The distressing problem has at last been solved.